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CLINICAL PASTORAL EDUCATION AND THE THEOLOGICAL SCHOOLS

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Clinical pastoral education is more than a generation old. Its students and alumni must be numbered in the thousands. Year by year more theological schools have drawn upon clinical methods for part of their education of students, and often upon the special agencies, especially the Council for Clinical Training and the Institute of Pastoral Care, to perform this educational function.

This growing appreciation by the seminaries of the contribution of clinical pastoral methods has not gone unnoticed by the American Association of Theological Schools (A.A.T.S.). From the early nineteen thirties meetings of the Association, and of its Commissions, have heard occasional addresses, reports, and comments on this movement. But the Evanston Consultation is the first occasion in which the A.A.T.S. has taken initiative in considering the overall meaning, significance, and relevance of this movement for theological education. If for no other reason than this, therefore, we believe the present report is of historic significance both to the move-

This is the official report of the Consultation on Clinical Pastoral Education and the Theological Schools, written by the Chairman and the Secretary of the Consultation, which was held on April 7 and 8, 1961, by the American Association of Theological Schools, at Garrett Biblical Institute, Evanston, Illinois. The Consultation was generously financed by the Lilly Endowment, Inc.

ment for clinical pastoral education and to the theological schools of North America.

The suggestion to hold the Consultation arose in the Commission on Research and Counsel of the A.A.T.S., was adopted, and was then approved by the Executive Committee. The CRC is defined as a kind of "think ahead" body, the task of which is to encourage the schools, individually and collectively, to inquire into areas of new need or challenge. For a Consultation to be effective in discussing basic issues and potentialities, the CRC reasoned that it would have to be a small group and, at the same time, one that was generally representative. A group of fifteen persons was decided on. Precisely fifteen convened at Evanston.

Every member of the Consultation was invited as a knowledgeable individual, not as official representative of any organization or school. But it was fortunately possible to have in the membership persons generally representing the administration of theological education, the practical and psychological dimensions of theological education, the special groups that administer clinical pastoral education, and the major Protestant denominations. Thus the group was representative without being composed of representatives.

The Consultation's members were: John Billinsky, Ernest E. Bruder, Wayne K. Clymer, Charles Feilding, Stanley B. Frost, Earl H. Furgeson, Lawrence M. Gudmestad, Seward Hiltner, Judson Howard, Reuel L. Howe, Thomas W. Klink, Joseph Knowles, Hermann N. Morse, Carroll A. Wise, and Jesse H. Ziegler.

The transcribed proceedings of the Consultation, which continued for two full mornings and afternoons and one evening, came to about 230 typewritten pages. The draft of this report was culled from these pages by Jesse H. Ziegler and then checked by Seward Hiltner. Our reporting is as accurate as space permits. But we have tried to stress two things: on the one hand, the general flavor of the discussion of each issue, so that the variety in points of view not be minimized; and on the other hand, the actually articulated consensus that was achieved, rather astonishingly, in relation to many of the issues. We have not identified particular comments with the names of individual participants. The formal recommendations made by the Consultation are reported at the close.

The Present Relational Situation

The sole paper presented to the Consultation was the report of a questionnaire study of what theological schools are currently doing about CPE. This was carried out and reported by Jesse H. Ziegler.[1] A 97 per cent return was received from the schools. This study revealed such things as the following: that most schools rely, for clinical training resources, primarily upon outside groups, local or national, rather than operating

[1]This report, of fourteen mimeographed pages, is available upon request from the A.A.T.S., 934 Third National Building, Dayton 2, Ohio.

their own programs; that the great majority of those persons who supervise clinical programs do not have any clear relationship to any theological faculty; that most schools do give credit for clinical study; that about 15 per cent of the accredited schools require some form of clinical study on the part of all their students; that there is widespread dissatisfaction among the schools concerning the integration of clinical learning with the rest of the student's education; and that there are many ambiguities in the current situation on which the schools will appreciate any help they can get.

Definition of Clinical Pastoral Education

The first major question tackled by the Consultation was the definition of CPE, that is, what factors are central or crucial if a program is to be CPE, and what factors are relatively secondary. The importance of the question was highlighted by the lack of clarity on this point in the schools, as revealed by the Ziegler study. The question was put in this way: In defining a particular program as CPE, what relative weight should be attached to these factors—(1) the nature of the setting, (2) the qualifications of the teacher or supervisor, (3) the inclusion in the teaching of persons from more than a single profession, (4) the size of the learning group, (5) the pastoral or theological orientation of the program? To put it in another way, what is subject to possible variation without losing the essentials?

Several different approaches to definition were tried by members of the group. One member attempted a maximal type of definition, in which all the following factors were held to be necessary: (1) thorough supervision by an adequately trained supervisor; (2) an interdisciplinary staff involved in teaching and supervision; (3) use of varied educational methods in the teaching, including case conferences, informal seminars, and other means of focusing material on the work being done, from both pastoral theology and the behavioral sciences; (4) regular clinical reports written by the student and individually evaluated; (5) provision for the student to operate in a pastoral role in the learning program; (6) a sufficient number of persons working together to provide a community of understanding and inquiry rather than an apprenticeship system; (7) the possibility that these conditions may be met by situations other than "clinical" in its original meaning of "bedside," but some skepticism as to this potentiality.

Another member essayed a definition by pointing to unique and distinctive purposes of CPE within the general field of theological education. In its historical development, he noted, CPE placed a student in a situation where, under supervision, his attention was directed to the problems involved in his attempt to relate himself as a pastor to a sick person. Crucial to the present definition, he continued, are these factors: (1) the student has continuous opportunity for self-confrontation, with the supervisor's help and guidance; (2) the student's actual work provides opportunity to integrate his total theological understanding around actual minis-

try; (3) the student is a member of a small group which aids him in achieving the first two purposes.

Some definitional attempts tried to identify the single critical function performed. One member, for instance, said the chief purpose of CPE is to break through the current obsession of some students with the ministry as involving only the giving out of ideas. Another member said that CPE should function, in theological education, as does psychosomatic medicine in medical education or practice, as a proper emphasis within the whole but not as something separate.

Another kind of effort to define CPE explored the possibility of its being, or of giving rise to, a distinctive body of knowledge within the theological curriculum as a whole. The member who stressed this tentatively identified: (1) knowledge of personality theory; (2) awareness of the varieties of response of persons to stress and distress; (3) skills that can separate opinion and judgment from observation in appraising persons and helping them. Several members, on the other hand, felt that CPE had no unique or distinctive areas of knowledge of its own. Still others felt that the matter explored in CPE might become a body of knowledge provided certain perspectives were applied to it, for example, that pastoral studies of helping people may become a "pastoral theology" when certain points of view are applied to reflection upon the helping. A number of persons, while admitting that too little has been done to study CPE as being or contributing to a body of knowledge, believed it important to pursue this matter.

Much of the definitional discussion took place in the context of CPE and field work, i.e., under what conditions, if any, may field work become CPE or like CPE except for the institutional setting? Some members felt that an attempt to identify forms of field work as CPE should be exposed as cashing in on the hard-won prestige of CPE, bought at the cost of extensive time in supervision, for programs which in fact have small educational value. Others felt that the insights, methods, and high standards of CPE have been spilling over into various forms of field education; and that, where the existing standards are high, it is wise to make a close identification of such programs with CPE. By this group of members the crucial factors necessary to CPE and to effective field work were listed as: (1) continuous personal confrontation of people who are in need; (2) experiencing this confrontation in a group; (3) trained and competent supervision of the type in which CPE has pioneered.

Some members felt that CPE, as it has been practiced, has tended to limit the image of "real ministry" either to what takes place in health and welfare institutions, or in one-to-one relationships of a helping nature. Important as these are, it was argued, total ministry is much broader.

Consensus. A normative understanding of CPE will begin by acknowledging its actual history in the sense of its beginning with the supervised study of bedside ministry, unapologetically concentrating on the

then-neglected study of one-to-one helping relationships, insisting on a certain kind of supervision, and including professional self-reflection and not merely how-to activities on the part of the student. On the other hand, any order of professional training work for ministers and students that is supervised in similar ways and with similar standards is of the same order as CPE. Whether such educational programs are or are not called CPE seems less important than that such experimentation shall be encouraged in theological education, without fear that such experiments will detract from the hard-won gains of CPE as traditionally carried out.

What the Schools Want in CPE

On the agenda this question was phrased in Utopian terms. "If the schools . . . could have all the CPE they wanted, how much would that be?" The Shangri-la form of the question represented no psychotic delusions, but was an attempt to lift the questions of desirability temporarily out of their context of practicability.

One member expressed the view that the school should stick to its "basic theological task." The few precious years of theological education, he continued, should be concentrated on theological learning. Even if a school had all the money it wanted, he said he felt CPE could do its best work when taken after graduation from theological school. Other members challenged his separation of theological learning from the effects of CPE.

Another member expressed the opinion that it was precisely for theological reasons that he would use the mythically unlimited resources to extend the quantity and quality of CPE. While disclaiming any attempts to have CPE imperialize over the rest of the curriculum, he asserted that CPE, rightly used by a whole theological faculty, is a resource for every bit of teaching and learning, and thus can help to increase clarity in theological education. Because CPE assists students to think about life, he went on, it helps to provide a proper polarity between the Word of God and the word of man. In this way, he concluded, CPE may, with help from the whole faculty, and as resource to it, do much to prevent the disillusionment of so many men who are three to five years out of seminary.

Other members, also possessed of mythical millions, suggested abolishing nearly all current field work programs because of their poor supervision, according to CPE standards. They advocated replacing this with supervised education of small groups of students, in varied settings, one supervisor to six students. Another proposal was that, in schools now having a year of internship or externship, the students be placed in small groups (rather than alone as is usually now true), that they be rotated quarterly in different settings, and that only settings be permitted that have supervision comparable to that of CPE.

Another suggestion was that the quality of CPE, and its integration with the rest of theological education, could be improved if CPE supervisors who wished could be enabled to take postgraduate theological study, and/or

to get some personal counseling or psychotherapy. Another member held that, if resources permitted, aiding some students to get needed counseling or psychological therapy would not only help the students but also relieve the hard-pressed educators as well. Another member proposed the extension of CPE programs by having more relationships between the various helping agencies of the community and the school itself.

Consensus. In the discussion of how mythical millions would be spent, not even the most ardent advocate of CPE suggested that only CPE should benefit from the millions. In at least this sense there was agreement that the improvement or extension of CPE must take place in the total context of theological education. Repeatedly the discussion turned to the service that CPE may perform to the entire faculty of a school, as many students are helped to come alive to what they are studying, which can then be turned to educational benefit. No one felt that only CPE could perform this function, but many felt it to be uniquely important at this point. Beyond these points, there was no clear consensus on what the schools want.

The Integration of CPE and General Theological Education

In its discussion of integration the Consultation dealt with such questions as these: (1) What do the schools regard as minimal for effecting needed integration; (2) upon what teachers do integrative responsibilities properly fall; (3) does experience suggest relatively satisfactory as against relatively unsatisfactory patterns for bringing about needed integration?

Throughout this discussion reference was made to a variety of factors that require integration, and that further progress along these lines may well depend upon more adequate identification of the types of integration that are needed. The discussion began such a procedure. Integration is needed, for example, it was held, between the Christian message and the needs of persons, as these needs have been revealed in whatever kind of concrete situation the student's CPE has involved him. Again, integration is needed between whatever content the student has acquired from CPE and the other branches of his learning in the theological curriculum. If integration of this kind is to result, it was added, teachers in the several branches of theology need actively to relate their material to the residue of the CPE experience in the student. One school was reported as bringing teachers from various fields into the lecture and seminar aspects of its CPE program.

As the complex integration discussion proceeded, such things as these were heard from various members. Integration is not simply pulling disparate things together; it is teaching implications and relationships which, otherwise, do not work themselves out automatically. It is not just making a unit of diversities; instead it is utilizing the necessary educational tools and methods so that a student may draw out the implications for one thing of something he first received elsewhere. Integration is a process that cannot be put entirely on a schedule; at least in part the faculty should

be alert to aid it when the right time appears. Integration cannot be effective if it does not involve continual feed-back of concrete experience; and yet the reflection alone, unless the experience and theory are engaged in dialogue, will not contribute to integration at the theological level.

As to the responsibility for facilitating the integrative processes, it is clear that the schools expect the CPE supervisor to do some things. He should at least be able to help the student to use what theology he has and to think theologically about the situations he encounters in his clinical work. It was suggested that even in tax-supported institutions (which cannot be engaged in "theological education") the CPE supervisor may properly evoke from the student the theological views he holds without in any way being sectarian. One consultant held that theological integration should never be more than a secondary responsibility of the CPE supervisor. The primary task, he continued, should be to help the student to immerse himself in living relationships and in the categories that make his involvement in these relationships appropriate to the setting in which they take place. As a possible corrective to this position, but not in opposition to it, came the warning from another member that CPE is not simply the experiencing of contacts and relationships but is instead a guided and directed educational experience.

Some of the responsibility for integration was also seen as belonging properly to the faculty of the theological school. No one doubted the integrative advantages of a situation in which several faculty members are intelligently interested and actively concerned. But since everybody's business may become nobody's business, one consultant declared that each faculty needs at least one member who assumes responsibility for activating the dialogue out of which integration may emerge. He held that "pastoral theology" is inherently a correlative theological discipline and that, with due caution against becoming imperialistic, it should assume responsibility for such dialogue even though not providing the sole forum for it.

One consultant proposed that the needed integration can take place only in and by students, with the implication that it cannot be planned or contrived by others. Against this allegation another member objected that, on the basis of this position, both student and teacher would be tempted to make the classroom nothing but a place for detached study and all relevance would be lost. His opponent of course fired back, suggesting that too much concern for integration may impede the actual process in the student.

In answer to the question of what specific steps may be taken by a school to activate the integration process, reports were given about two schools that try to achieve this with a colloquy on the ministry running throughout the entire course of studies. Other procedures suggested were team teaching and joint planning of integration seminars.

Consensus. The closing statement of the chairman was as close as

the Consultation came to consensus. "The problem before us is uniquely difficult because we do mean more than one thing by integration. We mean integration of faculty within faculty; we mean integration of knowledge; we mean some kind of integration in the student's understanding and abilities; and we mean professional integration within the school. Further, we mean not just oneness in the sense of buzzing unitary confusion or enthusiasm. We mean something that enables a person to become relevant to a variety of stiuations, so that integration in this sense, and proper differentiation, are inescapably related."

Accreditation of Clinical Teachers

On the Consultation's agenda the question was put this way: "Several bodies currently offer accreditation to chaplain-supervisors. How ought such accreditation, or its absence, to be viewed collectively by the schools? At what points, if any, should the schools limit their cooperation to accredited persons?"

Some consultants held that there is considerable confusion among theological educators generally as to what accreditation means within CPE. It is, they continued, as if the CPE movement fails to grasp the reason for this misunderstanding, and wrongly interprets it as an attack upon standards and a high level of ability. The reason for the misunderstanding is, instead, that theological educators have no precedents for accreditation as it is carried out in the CPE movement. In the A.A.T.S. the same term "accreditation" is used—but it relates to schools, not to persons. Thus even the term has contributed to confusion. Further discussion showed there was a difference among the consultants about the extent to which accreditation in CPE simply attests capacity to perform a function or is a recognition of accomplishment like an advanced degree.

Part of the practical problem seems to arise when some schools have found unsatisfactory the supervision of an accredited supervisor. When so many schools are dependent upon the judgments of the national agencies, especially the Council for Clinical Training and the Institute of Pastoral Care, what can they do in such a situation? Several members said that the school cannot shirk responsibility for knowing anyone to whom such significant portions of the student's education are entrusted. One consultant, whose school sends sizable numbers of students into CPE, said they have found it essential to make a judgment about where their students may go with educational profit, accepting some accredited supervisors and centers and rejecting others. Other members, without denying possible incompetence even among accredited supervisors, felt that the discussion had magnified this out of proportion. The reply was that even one incompetent accredited supervisor casts doubt on the meaning of accreditation.

Some discomfort was expressed at the idea of accrediting men for a function that seems so close to being that of spiritual director for students. If this uneasiness about the CPE supervisor's taking over the spiritual

shaping and molding of students' lives is augmented by the notion of accreditation as a kind of "accolade" for competence in this function, then some theological educators find themselves in consternation. In terms of what has been done to accredit supervisors, the answer to this given by several members was that the alternative of no-accreditation procedures would leave these theological educators far more concerned, for anyone who wished could produce his own supervisory shingle. Unless there is some kind of screening procedure, this group continued, the situation would become utterly chaotic.

Three principles concerning accreditation and the schools were lifted up, and appeared to have general assent. First, no single school ought to enter the process of accrediting people it is going to employ if accreditation is to have any meaning other than that the school wishes that man on its staff. Second, accreditation should be done by those who are competent to evaluate in the area of the proposed service not only in terms of whatever technical competence is needed but also in relating the technical area to theological education. Third, accrediting bodies ought to give tentative consideration to having accreditation done by those who have not done the training, even though such a procedure might miss significant data concerning quality of relationships.

Because of the schools' recognition that they need to assume some responsibility for evaluation of training centers to which they send students, and because of the difficulties of individual schools in performing this function, the question was raised whether the A.A.T.S. might consider assuming some evaluative responsibility on behalf of all its member schools. The Consultation was reminded that one step has already been taken in this direction by the Commission on Accrediting of the A.A.T.S., which has stated that in accredited schools credit is to be given for CPE only when the work is genuinely under the supervision of, and within the knowledge of, the faculty of the school.

The Consultation considered the problem of the accreditation of chaplains and chaplain-supervisors who take their study in centers that are not affiliated with the Council or the Institute. The question was raised as to whether these persons and local groups might be forced into forming another national accrediting agency in order to protect the interests that seem legitimate to them.

It was reported that there are minimum beginnings of some form of accreditation of CPE in Canada. The Canadian Council of Churches has set up a commission to accredit mental hospital chaplains. This body will try to ensure that such appointments are given only to men who meet certain minimal qualifications of arts and theological education, of good denominational standing, and of CPE and pastoral experience.

Consensus. The report of the discussion makes it clear that consensus was not reached on the basic aspects of this question, even though there was illumination of it. The three points noted in the middle of the pre-

ceding discussion may perhaps be regarded as consensus so far as they go; but they were not posed as such to the group, and some memebrs might dissent from some of them. Certainly no consensus was reached as to who should assume responsibility for the kind of appraisal or evaluation of persons and centers that seems to be wanted by many theological schools.

Relation of Clinical Teachers to Faculties

Under what conditions is it desirable for a clinical teacher or supervisor to be related to the faculty of a particular school or schools? What are the acceptable forms of such relationship? How can such teachers properly participate in the construction of school policy affecting CPE? Are there financial norms in terms of such relationships? The manifest intent of this group of questions was to deal with the relationship of the schools to supervisors who teach some of its students but who are not, in the usual sense, regular or full-time members of its faculty.

The situation as it exists was described in various ways. Some schools send their students to training centers all across the country and have no direct-contact relationship with the supervisors at all. Other schools list as adjunct professors or instructors in their catalogues all the supervisors to whom their students are sent. Other schools list their faculty, draw a line, and then list CPE supervisors beneath it. In many, and perhaps most, cases, the people whose names are listed below the line receive no compensation from the school and have no share in determining school policy that affects their CPE.

The chairman of the Consultation interpreted the question of a supervisor's relation to a faculty as primarily concerning his function and place in the determination of policy. On the issue, so put, it was indicated by various members that there are varied practices as to policy determination (even apart from the CPE question) ranging all the way from participation in it by all teachers to participation only by senior professors. The opinion was expressed by some members that CPE supervisors, performing an adjunctive function, could be involved in general policy determination in most schools only if they gave up the intimate institutional connection that makes their work possible.

Three possible ways in which supervisors could be fruitfully involved in policy making were distinguished in the discussion. The first concerns the teacher who has full standing as a faculty member, but by agreement makes his headquarters in the institution where he performs chaplaincy as well as supervisory functions. The second deals with supervisors into whose hands students are entrusted for CPE, and who are close enough to the school to permit first-hand consultation. With these supervisors the proposal was to consult them regularly and responsibly. This, it was argued, could often be more important than who is entitled to the final vote. The third group concerns all supervisors who have any kind of relationship to the school, and the suggestion was to bring them together at school expense at least once each year for a joint meeting with the entire faculty.

Consensus. There was general agreement on two points. First, where CPE is an integral part of the curriculum of a school, the school is remiss if no adequate compensation is provided for the instructional service rendered. Second, satisfactory relationships are most likely to be developed if provision is made for clinical supervisors to participate in the policy-making process of the school, in the same degree that service is rendered to the school by the supervisor.

School Credit for CPE

The Ziegler study revealed that some schools give "academic" credit for CPE, while others give "field work" credit. Some schools give no credit, and a few schools give credit roughly equivalent to that which would be earned by the same period of time spent in classrooms. This same study suggested, in present practice, two nodal points: either no credit, or a type of credit equivalent to about half what the student would get from classroom work in the same time span.

The question was posed normatively to the Consultation: What should the schools do about giving credit? Before this could be addressed intelligently, it was necessary to deal with the various kinds and meanings of credit. As generally used in American education, getting credit for one thing implies that there is then something else one does not have to do. The following statement by a member seemed to be clearest about the meaning of credit: "What you mean by credit is that you have a plan which assumes that proper preparation for the ministry requires certain types of work within certain areas all of which is done under the direction of the seminary, is valued by the seminary, and for which a grade is given by the seminary. You just construct, on the basis of your judgment as to the needs of the student and his capacities, a formula of recognition. This is what you mean by credit."

There were differences of opinion whether the most appropriate recognition of CPE is in terms of "academic credit" or "field work credit." There was no disagreement about CPE's having merit in an academic sense; but the issue was whether the student should be let off taking something else if he takes CPE. None of the consultants proposed reducing the time that students have for the traditional subjects in the curriculum.

Consensus. The group achieved some consensus on credit. CPE ought to receive within any school appropriate academic credit when that credit is defined in terms that include supervised experience. We cannot tell a school how it ought to define "academic" as including CPE or making it an extra. But if it does define supervised experience of a certain quality as having academic significance, we record our consensus that CPE should then have correlative academic credit. While recognizing that local conditions are profoundly determinative, it would seem that, in the circumstances cited, six semester hours or equivalent would be proper for CPE of twelve weeks' duration. But no matter how much CPE a student chooses to take,

under these same circumstances, there should be a top limit on the credit that can be applied toward his regular professional degree.

The A.A.T.S. and CPE

At this point the Consultation turned from problems concerning the general relationship of the schools to CPE and considered the possible relationships that the A.A.T.S. as an organization might sustain to CPE on behalf of its member schools.

Evaluating School Programs of CPE. This discussion opened with an attempt to eliminate from consideration the types of function that are not appropriate for the A.A.T.S., or that are being carried out satisfactorily by individual schools, by groups of schools, and by CPE bodies. For example, the administration of specific training programs, and the administration of accreditation procedures as currently conducted in the CPE movement, would appear to be outside the potential responsibility of the A.A.T.S. The Consultation was reminded that the A.A.T.S. is composed exclusively of theological school members, school by school, not by denomination, region, or person. It began as a conference in the nineteen twenties, became an Association in the middle thirties, started the accreditation of schools in 1936, but did not acquire a full-time staff until 1956. Its professional staff even now is but two persons, and the limitations of staff time as well as points of policy need always to be considered in deciding what functions the A.A.T.S. should perform.

The first suggestion for A.A.T.S. action was that it make provision for evaluating programs of CPE on the request of member schools, and of counseling with such schools about their CPE programs on their invitation. Some members went further and expressed the wish that the A.A.T.S. would accredit CPE programs of member schools. Although this was a minority opinion, a considerable number felt that the A.A.T.S. could make a signal contribution by providing an objective and impartial group prepared to send a team to counsel and evaluate on request of individual schools. The findings and recommendations of such teams, it was added, would be made to the respective schools directly, and would not be matters of public record. It was noted that such procedure is identical with that now followed by the visitation teams under the auspices of the Commission on Research and Counsel, which are available for consultation and appraisal to individual schools either on general or specific problems.

One member felt that a body set up within the A.A.T.S. for counseling and appraisal service to member schools could perhaps make its largest contribution by studying and evaluating the accreditation processes that are now being used by schools and CPE bodies. Another member indicated that, in connection with the CPE programs located in public institutions, the absence of objective outside evaluation of these programs by some such body as the A.A.T.S. may unwittingly invite the imposition of standards by governmental agencies, more or less by default.

Without dissent the Consultation expressed the view that the A.A.T.S. is in a strategic position to provide services of counsel and evaluation to its member schools concerning programs of CPE. But as to whether the A.A.T.S. is or should be equipped to perform other functions that had been mentioned, there was considerable doubt and no consensus. Thus it was not clear that the A.A.T.S. should offer counsel and appraisal except to individual schools or groups of schools, and even less clear that it should assume responsibility for accreditation of supervisors or training centers of CPE.

Consensus. It was agreed that the A.A.T.S. should create some kind of body composed of theological teachers at least some of whom have had intimate contact with CPE. Such a body, it was further agreed, should be permanent rather than set up to meet an *ad hoc* need. This body should, at a minimum, perform the following functions: (1) by study, research, and discussion, continue the concerns and work of this Consultation; (2) provide teams for counseling and appraisal service to individual schools, or groups of schools, concerning their programs of or relationships with CPE; (3) perform such other functions in relation to CPE as may from time to time be considered appropriate by the A.A.T.S. There was also consensus on one negative point, namely, that the body set up by the A.A.T.S. ought not, at least initially, to be available for appraisal service to CPE centers except as they may be related to schools inviting the body's services.

The National Conference on CPE. This Conference, which has held several meetings and has also sponsored regional meetings, is open in attendance to any persons who may be interested in CPE. The interim activity is carried on by the Advisory Committee composed of representatives of all the national-level bodies who have established the fact that they are administering or guiding programs of CPE, thus including some denominational groups as well as the Council and the Institute, and other bodies with some kind of concern for CPE such as the Association of Seminary Professors in the Practical Fields.

The many organizational issues were discussed frankly by the Consultation. For example, the increasingly close relationships between the Council and the Institute may make it less necessary for them to rely on the National Conference as a principal conferential means. But on the other hand, the continuation of the Conference seems vitally important to such groups as the Lutheran and Southern Baptist as a forum for exchange and discussion, perhaps all the more so if the Council-Institute relations become closer. It seemed clear that no one is against the closest possible Council-Institute relationship. But it seemed also clear that the National Conference, or something like it, will be a continuing necessity as a means of exchange among other CPE bodies, and between them and the Council and Institute.

Consensus. Assuming the creation of the body within the A.A.T.S. agreed on in the previous section, it was further agreed that it, on behalf

of the A.A.T.S., should maintain some appropriate and significant type of relationship with the National Conference on CPE (or with any body set up as its successor) as designed for purposes of conferring among the CPE bodies. It was agreed that the precise nature of such relationship should be determined by the A.A.T.S. body itself and not recommended at this time.

Fellowships. The question here was: Could the A.A.T.S. perform a distinctive service by providing a small number of fellowships, for example, to enable interested clinical supervisors to take advanced theological study, or to encourage interested theological faculty members to take courses of CPE? In the discussion, the Consultation was united in commending the present program of A.A.T.S. Faculty Fellowships in general, and in particular because a faculty member may include a period of CPE as part of his fellowship if he so wishes. It was noted, however, that the financial resources necessary for the continuation of the Faculty Fellowship program, generously supported thus far by the Sealantic Fund, are not yet assured beyond the coming year (the program has been renewed for an additional five years since the Consultation was held).

Consensus. In addition to the hoped-for continuation of the Faculty Fellowship program, the Consultation agreed that there is need for another, and obviously much smaller, fellowship program to perform these functions: (1) to encourage theological faculty members other than those closely associated with CPE to secure some CPE themselves as they may be interested, for periods briefer than the Faculty Fellowship program involves; (2) to provide encouragement for CPE supervisors to secure appropriate post-graduate study in the theological disciplines; (3) to assist selected CPE supervisors who so desire to secure the additional study or education needed to qualify them for theological school teaching. The size of fellowships that might be needed for (2) and (3), it was recognized, might well be larger than those awarded in the Faculty Fellowship program because, in the latter, the grant is regarded as supplemental to some continuing compensation from the employing school. There was not consensus on whether "supervisors" of CPE should refer exclusively to the chaplain-supervisors or also to associated agents of supervision in CPE programs like physicians, psychologists, social workers, and the like.

Recommendations

The various points of consensus that have been recorded in our report are also, in effect, recommendations of the Consultation. At the close, however, an attempt was made to summarize these and place them forth as formal recommendations to the A.A.T.S.

The Consultation recommends to the appropriate officers of the A.A.T.S.:

I. That the A.A.T.S. create a continuing committee or sub-committee to perform the following functions:

A. To continue the work of this Consultation in studying the most satisfactory relationships between theological schools and CPE, and to report at appropriate times to all who are concerned;

B. To provide teams of competent persons available, on invitation of a member school or group of schools, to provide counsel and appraisal service concerning their programs of CPE;

C. To represent the A.A.T.S. in appropriate forms of cooperation with, or relationship to, the National Conference on CPE, or to any other agency providing similar conferential functions regarding CPE;

D. To study the accreditation procedures now being used in CPE, and others that might be suitable;

E. To explore such other subjects of interest to CPE and the schools as may appear important from time to time.

II. That the A.A.T.S. attempt to make provision for fellowships, in addition to the provision already made through the Faculty Fellowship program, of the following types:

A. Fellowships for faculty members of theological schools who may wish to engage in programs of CPE study for periods shorter than the year involved in the Faculty Fellowship program;

B. Fellowships for supervisors of CPE programs who wish to take postgraduate study in theology for appropriate periods of time;

C. Fellowships for supervisors of CPE who wish to take such advanced study as may be needed to qualify them for teaching on a theological faculty.

Conclusion

This report and these recommendations will be conveyed to the Commission on Research and Counsel, under the immediate auspices of which the Consultation was held. The report will also be presented, for possible action, to the Executive Committee of the A.A.T.S., along with such comment, endorsement, or questions as may come from the CRC. Some kind of action concerning the desirability or undesirability of the recommendations may well be expected by the end of 1961. Since, however, many of the recommendations could be put into effect only if additional funds are found, even the adoption by the Executive Committee of all the recommendations would constitute, for the immediate future, only a declaration of intention and not an actual program.

On behalf of the A.A.T.S., and of its Commission on Research and Counsel in particular, and of the members of the Consultation, we wish to express our warm appreciation to the editors of the *Journal of Pastoral Care* for their generosity in making their pages available for this report. Copies of the report, reprinted from this journal, will be sent by the A.A.T.S. to all its member schools.

PSYCHOLOGISTS TAKE ANOTHER LOOK AT SIN

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Psychologists and psychiatrists have sometimes been pictured as helping people feel all right about doing the naughty things they once felt guilty about doing. This picture is exaggerated, but at times psychotherapists do attempt to loosen up their clients' consciences. Christian ministers have not been unaware of this approach to psychotherapy. Theological questions involving sin and guilt and practical questions about how to deal with guilt-ridden humans have all been re-examined by psychology-conscious Christians. Many a minister, trying to keep up to date, decides that a parishioner's guilt feelings simply indicate that the person's conscience is too strict and needs to be eased.

A radically different approach is now being vigorously championed by one leading psychologist, O. H. Mowrer. Mowrer speaks of "guilt" instead of "guilt feelings," believes that violations of the individual's conscience should be taken seriously as "sins," and feels that these are to blame for a great share of emotional problems.[1] He also feels that a major portion of psychotherapy should consist of helping the individual to accept the demands of his conscience and to get right with conscience.[2]

Mowrer's views, if accepted, would not only alter current trends in pastoral psychology but revolutionize all psychotherapy into a pattern very reminiscent of the repentance-confession-restitution pattern so familiar in Christianity. Thanks to Mowrer, scriptural passages and theological language have made an appearance—a lonely one—in psychological journals. His articles include "Some Constructive Features of the Concept of Sin,"[3] and " 'Sin'—the Lesser of Two Evils."[4]

Mowrer's approach sounds very pious. Hence some Christians, on first hearing of it, might be tempted to endorse all of Mowrer's ideas on sin and guilt, without knowing what some of them are and without realizing some of the pros and cons in both Mowrer's and alternative approaches. In this article (*a*) some of Mowrer's ideas will be presented with a minimum of editorializing and (*b*) a final section will give comments and cautions.

[1]" 'Sin,' the Lesser of Two Evils," *American Psychologist,* XV (1960), 301-304.
[2]"Changing Conceptions of the Unconscious," *Journal of Nervous and Mental Disease,* CXXIX (1959), 222-234.
[3]"Some Constructive Features of the Concept of Sin," to appear in the *Journal of Counseling Psychology.*
[4]See footnote 1.

An Alternative to Freud?

Mowrer presents many of his ideas as a contrast to those of Sigmund Freud. Indeed he reports[5] evidence assembled by another writer that Freud thought of himself as playing the part of the devil, and seems to regard the net result of Freud's work as satanic. On the other hand, in a broad sense Mowrer is in the Freudian tradition. He follows Freud in picturing the personality as divided into three sections: the "id," roughly parallel to the sum of man's biological drives; the "superego," roughly comparable to the conscience; and the "ego," arbitrating between these two powers. Like Freud, Mowrer sees a definite conflict between the desires of the id, particularly its sexual and hostile strivings, and the voice of the superego. Another Freudian concept accepted by Mowrer is "repression"—the idea that when something is unacceptable to the ego the thought of it is forced out of consciousness and thus joins an area of the personality called the "unconscious," of which we are unaware but which has mighty influence and can produce emotional upheavals.

What Causes Personality Problems?

A central disagreement is over what repressed material causes most of the personality problems. For Freud it is the repression of the id; for Mowrer, the attempted repression of the conscience. In Freud's view, as stated by Mowrer, the repression of "the instinctual forces of sexuality and hostility" constitutes "the principal basis of anxiety and ensuing symptom formation."[6] The conscience of an individual is thought of as learned from other people and influencing the person to repress id impulses that would otherwise find expression.

For more than a decade Mowrer held to this idea that repressed id impulses were central to emotional disturbance. He then changed radically. His new position is that the prime source of anxiety is not in impulses that are never carried out because the conscience forbids them, but instead in acts that have actually been performed in violation of the conscience. The guilt over these actual misdeeds cannot be repressed interminably and causes the anxiety.[7] In general a person should get right with his conscience, Mowrer feels, instead of throwing it overboard as too severe.

Differences between Freud's and Mowrer's views may be accentuated if we ask how each accounts for the extremes of personality problems, mental illness. Both would recognize feelings of guilt as playing a role in at least some mental illnesses. But Freud would say that this guilt is often the result of unnecessarily high standards, so that the patient is eaten up with feelings of badness when he has done only trifling wrongs. Mowrer,

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[5]"Psychotherapy and the Problem of Values in Historical Perspective, or The Devil and Psychopathology," paper read at The Ohio State University Symposium on Psychotherapy and Values, May 29, 1959, pp. 15ff.
[6]"Changing Conceptions of the Unconscious," cited above, p. 223.
[7]*Learning Theory and Personality Dynamics;* Ronald Press, New York, 1950.

by contrast, seems to think that all feelings of guilt have reference to "real guilt," to significant wrong-doings. He regards some of the bizarre behavior of the mentally ill as springing from attempts to hide misdeeds from discovery, and feels that individuals seek punishment for their wrong-doings and sometimes find it in hospitalization.[8]

What Cures Personality Problems?

Which of these two views one takes makes a vast difference in what one does in counseling or psychotherapy. For those who assumed that the repression of the basic drives of man really caused the disturbance,

> it followed, reasonably enough, that the sovereign aim of therapy was to undo repression and permit sexual and hostile impulses to find freer, less encumbered routes to gratification. Such a program called upon the psychoanalyst to align himself with and to speak for the instincts, in opposition to the moral or pseudo-moral forces within the personality which have instituted the repression.[9]

Here Mowrer is portraying what he calls "the sovereign aim" of Freudian therapy, and the implementation of this aim. Freudian therapists might wish to stress that this is not the only aim of their therapy and that it is not emphasized equally with all patients; some might even question whether it is indeed "the sovereign aim." But Mowrer's paragraph does permit an impression of what is a not uncommon procedure.

How would a counselor or therapist working with Mowrer's assumptions operate? Mowrer has not had Freudianism's fifty years to elaborate all the details of such therapy. But procedures would be closer to those the conservative minister has been accustomed to using.

> If, by the unconscious, we now mean conscience and the Hand of God, the task would seem to be . . . that of helping the individual find what he can do that will please God, satisfy conscience, and thus allow him once more to "go forth in peace."[10]

Just how is this achieved? Important roles in Mowrer's therapy are played by confession and restitution. He appproves a trend among Protestants to return to the confessional; he even oversimplifies all pastoral counseling by saying that it "is surely but a disguised return of the confessional . . ."[11] Not only must the individual confess, but good deeds must follow words[12]; more will be said on this emphasis later.

Mowrer sees it as important that responsibility and blame be accepted

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[8]"Psychopathology and the Problem of Guilt, Confession, and Expiation," paper read at the University of Pittsburgh Symposium on Current Trends in Psychology, March 13, 1959, pp. 22, 23.
[9]"Changing Conceptions of the Unconscious," cited above, p. 223.
[10]*Ibid.*, p. 229.
[11]"Psychotherapy and the Problem of Values in Historical Perspective . . . ," cited above, p. 6.
[12]*Ibid.*, p. 79.

by the guilty person. He feels that Freudian therapy allows the patient to blame anyone but himself for his difficulties—his parents, society, etc.[13] This is reflected in the adjectives widely used today to describe the supposed ideal therapeutic relationship—"non-punitive," "accepting," "non-judgmental," "non-directive," etc. The reader familiar with Carl Rogers' work might guess that Mowrer is not completely happy with "the view of Rogers that we are all inherently good and are corrupted by our experiences with the external, everyday world."[14]

Replying to a critic, Mowrer states that he never did "hold that it was the aim of therapy to strengthen or increase the severity of the conscience, although this has been a common misperception."[15] He recognizes that one activity of the minister is to awaken the repressed conscience from its place in the unconscious, but he does not stress this as part of therapy. Rather he suggests that when a person has become emotionally upset this is because repression of the conscience has already proven unsuccessful and the conscience has broken out of the unconscious and is actively troubling the individual.

> . . . the psychotherapeutic task, it would seem, is much less that of releasing the repressed than of helping the individual *understand* what is happening to him and how he can help make the final outcome constructive rather than destructive.[16]

Mowrer and Ministers

When ministers became aware of Freudian ideas they reacted in different ways. Many were influenced by Freud's thinking and wove it into the structure of their pastoral ministry. The more liberal church groups have tended to be leaders in this, possibly because they are not always sure that the preaching of some form of the Christian gospel will itself provide the cure for all of men's ills, and have therefore turned to such other ministries as counseling. Pastoral counseling has been influenced by personality theories and treatment procedures other than Freud's, to be sure. But Freudian thinking has had some mold on even its rival schools, so that indirectly as well as directly psychoanalysis has affected pastoral counseling markedly.

Some ministers, however, have been little influenced by Freudianism. Many have taken the position overtly or implicitly that Freud was incorrect. Others have paid little attention to Freud's ideas, if they have heard of him at all. These clerics have assumed that it was proper to teach people not to express anger but to turn the other cheek; not to give vent to unsanctified sexual impulses but to regard them as temptations. Many have felt that

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[13] "'Sin,' the Lesser of Two Evils," cited above, p. 301.
[14] *Ibid.*, p. 304.
[15] "Changing Conceptions of the Unconscious," cited above, p. 227.
[16] *Ibid.*, p. 232.

mental illness is frequently the direct result of sin, pointing to demon possession in Bible times as support for this view.

It might provide helpful support if psychologists (the supposed experts on personality functioning) would at least tolerate these views as respectable possibilities. Instead they have hitherto often ridiculed these views as primitive. Mowrer does not present ideas new to clergymen, but he does give the support of a leading psychologist's opinions to time-honored views.

Mowrer's views were anticipated by several other non-clergymen to whom he gives credit. But they were either not famous enough or not vociferous enough. Mowrer is both. His election to the presidency of the American Psychological Association is some index to the respect for his publications, research contributions, and teaching positions. He is currently Research Professor of Psychology at the University of Illinois. His views on wrong-doing have not been widely accepted among psychologists, at least so far, but he has persisted in presenting them.

Mowrer feels that clergymen have followed the Freudian shepherd too quickly on the question of handling wrong-doing.[17] Presumably they are now going to be in the embarrassing position of having to follow Mowrer back to the fold. However, whether or not following Freudianism is a mistake depends on whether or not Freud is wrong. This is not settled, as we shall note later.

Mowrer and Good Works

Mowrer feels that the guilty individual needs to do something in order to restore psychological balance. For example, the thief may need to restore the stolen goods; the sex offender who can restore nothing might profit from janitorial work in an orphanage. The Alcoholics Anonymous procedure of having members help others is cited as an example of how this psychological need of the guilty to do something may be met in an organized program.[18]

Mowrer feels that at the time of the Reformation, in getting away from indulgences, Protestantism also lost the proper emphasis on good works following sin.[19] Because of this and the abolishing of the confessional, Mowrer feels, Protestants are often left with their guilt or with feelings of uncertainty as to whether they have been forgiven. Although himself a Presbyterian, he states, "There can surely be no denying that, on the whole, Protestantism has handled the problem of guilt very badly."[20] While he would not demand a return to the Catholic penance system, Mowrer does feel the need for some organized, systematized way in which the wrong-doer can relieve his guilt.

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[17]Conversation with Dr. Mowrer in Columbus, Ohio, in March 1960.
[18]"Psychotherapy and the Problem of Values in Historical Perspective . . . ," cited above, p. 8.
[19]*Ibid.*, p. 4.
[20]*Ibid.*, p. 5.

Is this salvation by works? Mowrer attempts to deal with this by saying,

> . . . it is, of course, easy to get involved in a tedious theological argument as to whether salvation is by "good works" or by "grace alone." For myself, I have no desire to argue the point but will merely state that I, personally, take my stand with the Apostle James . . . as over against Paul and Martin Luther, or at least against the extreme interpretations sometimes put upon their teachings.[21]

From this we understand Mowrer to feel that the guilt-reducing psychological result is about the same whether good works are thought of as atoning for guilt or as springing from a heart thankful that Christ has already forgiven misdeeds. Mowrer would claim to know little about possible theological differences in the effects, of course.

Comments

More important than specific criticisms are two general cautions: (*a*) Mowrer's system of thinking about mental illness has not been proven nor even really tested; and (*b*) Mowrer's is only one of many competing systems, and not the only system that the Christian can choose to hold. These facts can easily be pushed out of the minister's mind. Mowrer has been vigorous in addressing ministers; he has written for clerical publications; he is wisely multiplying his effectiveness by contacts with those who train ministers.

Freud and Rogers have each been peddled to ministers; Mowrer's ideas are new and they deserve to be heard. But our fear is that some ministers will rely upon Mowrer for their sole knowledge of competing theories. Some followers of Freud have complained that Mowrer does not present an adequate picture of Freudian theory. Also, Mowrer has written[22] that Freudianism is in a state of eminent demise; this opinion is presented without substantial evidence. Mowrer has portrayed Freud as having an essentially Satanic influence; a number of Christian psychologists and psychiatrists would not agree.[23]

Mowrer's views can easily be tagged (incorrectly) as "The One Christian Approach." Three reasons are discussed in the next three paragraphs.

1. Freud was Jewish, regarded much religion as illusory, and thought people's consciences were sometimes too severe. This makes him a "bad guy." Rogers is at least Christian, but his assumptions about the nature of man are contrary to the usual interpretations of the doctrine of original sin. Mowrer, by contrast, is an active Presbyterian and his approach sounds familiarly pious. But theories of mental illness or of psychotherapy must

[21] *Ibid.*, p. 8.
[22] "'Sin,' the Lesser of Two Evils," cited above.
[23] Ernest White: *Christian Life and the Unconscious;* Harper, New York, 1955.

not be judged by the church membership or theological beliefs of their protagonists. For example, if Freud says religion is an illusion, the minister who disagrees must then reject anything in Freud's theorizing that logically demands that religion be regarded as an illusion. But this would eliminate very little; the minister must not discard everything else in Freud's theorizing as "the work of an atheist." We do not question Edison's theology before putting lights in our churches. Even if we did use this prejudicial approach, the orthodox Protestant would probably find little theological basis for choosing between Freud and Mowrer anyway.

2. Mowrer explains all mental illness in ways that Christians have traditionally used to explain some mental illness. It is hard to see how the conservative Protestant can logically say that Mowrer's ideas are never applicable. For such a Protestant, there must logically be real wrong-doing, sometimes causing guilt under the workings of the Holy Spirit, and sometimes producing disturbances severe enough to be called mental illness. But Mowrer is not saying that *some* mental illness is the result of wrong-doing, as do several psychotherapists whom he cites.[24] Mowrer maintains that *all* functional mental illness is the result of wrong-doing. There is not the slightest reason why any Christian is forced to agree in order to be logically consistent. The most theologically conservative can hold, if he chooses, that some or most mental illness is produced by factors other than those Mowrer emphasizes.

3. Mowrer's theory may appeal subtly to ministers' motives. If I am a minister, it may be easy unconsciously to equate "sin" with opposition to the organized agency of God on earth, or with opposition to the leaders of this agency (notably me). It may be gratifying to think that sinners (people who oppose or ignore God and me and my cause) are the ones who lose their minds or become neurotics. Any theory that blames all mental illness onto sin may increase my importance and that of my calling.

We have argued that, though Mowrer may paint Freud as the devil, there is no proof that those on the Lord's side must stand with Mowrer against the tides of evil. Mowrer's theory is one of several competitors, and these must be evaluated without prejudice. The man in the mythical ivory tower might go on with this evaluating process indefinitely in academic tentativeness; the minister cannot. People are beating down his door, and either explicitly or by his counseling procedures the minister must take some position on the issues Mowrer points up. On what basis can the minister decide between the competing viewpoints, or decide when to use which view?

1. Studies that prove that one view is right or wrong are not common in any field and are almost non-existent in psychology. We might dream up an experiment where exactly comparable groups of patients are treated according to different therapeutic procedures by therapists who are other-

[24] "Changing Conceptions of the Unconscious," cited above.

wise exactly comparable, with measures to see which procedure does the most good. This would entail unbelievable complexities and would be fantastically expensive; no such study has yet been accomplished and the minister had better not wait for such research to tell him what view to adopt.

2. Studies that are interpreted as showing that a system of therapy does more good than no therapy have been carried out. The outstanding research of this type comes from Rogers and his associates. There is as yet no research to show that Mowrer's approach helps anybody. (There is also no research to show that all feelings of guilt spring from real wrong-doing.)

3. In the "case study," someone studies a client's progress, often making judgments about the success of therapy. There are many criticisms of this less exacting type of research, but at least a substantial body of therapists over a number of years have tried Freudian procedures and are convinced that they have merit. This is also true of Rogerian and of certain other systems of therapy. There is no such body of experienced and convinced Mowrerian therapists as yet. This does not necessarily mean that Mowrer's approach is no good, but it is untested among psychotherapists.

4. In the absence of research, one may ask about the theoretical adequacy of a system. Is it consistent with one's assumptions and beliefs? (We have tried to show earlier that Mowrer's system has no distinctive merits in this respect for the Christian.) Is the system consistent with itself? With research findings in psychology? With generalizations widely held in psychology? Many ministers will feel that they cannot answer these last questions.

5. They may then wish to turn to the opinions of "authorities." We rely on the "authoritarian approach" all the time; few readers have tested for themselves the speed of light or the idea that germs can produce illness. Of course, authorities may be unanimously wrong, as when medical authorities recommended leeches, or when scientists believed that the earth was flat. At any rate, psychologists and psychiatrists have not rejected other views to swing over to Mowrer's. The letters[25] written by psychologists in response to one of Mowrer's articles illustrate this. There are conservative Christian psychotherapists in the number who do not agree with Mowrer's system of thought. All Mowrer seems to have done among the "authorities" thus far is to make them take seriously the ideas he represents. Mowrer may prove to have much more influence among ministers than among psychotherapists. His views are new, however, and it might be argued that any pioneer is received slowly at first.

6. Another basis for picking among competing systems is to try various ones to see what seems to "work"—to make sense out of a particular case or to help a given person. Some defend their adherence to a particular

[25]"Comment: Mowrer on 'Sin,'" *American Psychologist*, XV (1960), 713-716.

theory, not as being really "correct" or as really helping people, but as feeling right. The minister may wish to try on various approaches for size.

However enthusiastically one espouses a particular theory in his counseling, at the present stage of knowledge it seems wise to remember that one's pet theory might be wrong and a competing theory right.

Summary

This article has attempted (*a*) to review O. H. Mowrer's ideas about sin, guilt, and mental illness; and (*b*) to warn against adopting them without careful examination.

THE OCCURRENCE OF MENTAL ILLNESS IN THE MINISTRY: PSYCHOTIC DISORDERS

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In a certain church there was a minister, a simple, honest man with simple needs, who sought to lead his parishioners to salvation. He knew the way and often would talk with God to prepare for His coming. As part of this preparation, he began divesting himself of his worldly goods, including his garments. He was hospitalized, and for the past eight years he has been preaching to other patients of a back ward. It is saddening to see him and to know the heartbreak to his family and friends and the loss to his community. His diagnosis is schizophrenic reaction, a form of psychotic disorder.

A psychotic disorder may be considered a form of mental illness which involves major disruption of perception of reality, associated with disruption of thought processes and personality. Modern psychiatry, while seriously seeking the causes of psychotic disorders, tends to emphasize the influence such disorders have on personality development, mentation, and behavior.

Psychotic disorders are relatively common and one of them, the schizophrenic reaction, is considered the most prevalent of serious illnesses. Sixteen of the one hundred individuals included in this study (ministers, missionaries, missionary candidates, seminary students, and religious educationalists undergoing psychotherapy)[1] were diagnosed as being psychotic. Fourteen of these were believed to be schizophrenic, paranoid type, and two were thought to be schizo-affective type. This is interesting because, even though the sample is small, it is reasonable to expect some representation of the other types of *psychotic disorders*. There were several factors which probably influenced this finding. First, the size of the sample tended to exclude the rarer conditions and favor the inclusion of the more common ones. Second, it has been observed that there has been an apparent change in the incidence of mental illness over the past several decades. Some forms of psychotic and psychoneurotic disorders, once relatively common, are seldom seen while others apparently are on the increase. It is thought that this may be related to changing social patterns. Finally, the nature of my practice is such that organic illnesses, intoxications, and the like, are not referred to me. Thus the sampling is strongly influenced toward the so-called functional disorders.

[1]For earlier reports on this study, see *Journal of Pastoral Care,* XIII (1959), No. 2, 79-87, and XIV (1960), No. 1, 13-20.

It is interesting to note that, while the sampling is small, eleven of the sixteen individuals suffering from psychotic reaction came from rural areas. The significance of this is not known. It might tend to show that the incidence of these disorders among ministers who come from rural areas is higher than it is among those who come from urban centers. It might merely reflect the incidence among the general population of the area from which these cases were obtained. In any event, there was another factor which seemed more important than rural or urban background as a prelude to illness. This was a disturbed family background.

In each instance of psychotic disorder, there was a history of serious disharmony between the parents, most frequently associated with a confusion or reversal of their functions as individuals within the family group. In fact, certain factors were so common in the family backgrounds that generalizations could be made from them. Mother could be described as domineering, unconsciously seductive, provocative, and rejecting. Father might generally be characterized as passive, hostile, withdrawn, and dependent. The result was internal disharmony even though the parents frequently presented to the external world a picture of familial solidarity.

Because of this parental disharmony, the patients felt unloved, unacceptable, and unwanted unless they conformed to the demands of the parents. This often led to a sense of confusion associated with frustration and hostility since they felt torn between two loyalties and, often, contradictory demands. As a result, these individuals were unable to make satisfactory early identifications, hence had major difficulty in developing a sense of "self"—of identity and personal worth. Most found some degree of reassurance, acceptance, and approval through their contacts with the church, which usually began at an early age. For these people, the relationship within the church tended to compensate in part for the deprivation they experienced within the family. In a very real sense, they could believe they were "somebody" in terms of their religious beliefs and practices. This type of identity is dependent upon outside factors for its continuation. If such supporting factors are removed or threatened the individual's personality structure tends to disintegrate.

Related to the difficulty concerning identity, each of the sixteen individuals suffering psychotic disorders had a major conflict regarding their function as adults. This conflict was most apparent in the area of sexuality, but was noticeable in other situations also. It is dependent upon a complex constellation of factors involving pseudo-identifications, distorted body-images, rigid superegos, past sexual traumas, ignorance, guilts, shames, and fears. For persons with such a conflict religion serves as a repressive force on the side of the superego in the intrapsychic conflict. When the individual's defenses are undermined or when he is overwhelmed by the id impulses there is often sudden disruption of ego-processes and disintegration of personality. Commonly this may occur either in adolescence or in later life

when the person is exposed to sexual or love commitments. In either case a resolution may be sought within the framework of religious belief used defensively.

It is not uncommon to see such reactions among freshmen students at liberal seminaries. Usually these students come from a rural environment, have a fundamentalistic religious orientation, and a pathological family background. When exposed to a more liberal and questioning attitude, they unconsciously perceive it as a threat and react with anxiety and a variety of defense mechanisms. Depending upon other factors, such an experience may precipitate a psychotic reaction.

Eleven of the sixteen individuals who displayed psychotic disorders had a history of such a disruptive experience in adolescence which was associated with their religious beliefs. These theophanic reactions (visual hallucinatory experiences of the presence of God) indicate the presence of psychopathology which previously had been more or less compensated. Under stress there occurs an acute disintegration of ego-processes associated with confusion. Resolution of the conflict with reintegration of the ego-processes is dependent upon the basic ego-strength, the type, degree, and duration of the stress, the availability of supportive relationships, and the like. Reintegration may result in one of several possible solutions: (1) the personality structure may be stronger or more mature than previously; (2) the personality structure may reintegratae essentially unchanged; (3) the personality structure may reintegrate at a lower level of functioning than that previously present; (4) there may be no reintegration.

Instances of the first solution have been related to me, but I have never encountered them directly in my practice. Reintegration at the previous level of adjustment is common. Usually it occurs in the presence of environmental stress which allows for readaptation when the situation is mitigated. Most often, however, the individuals tend to reintegrate at a lower level of functioning. Provided the subsequent stress is minimal, they usually make a marginal adjustment. Occasionally there is no reintegration and the individual requires hospitalization. Whether such theophanic experiences are regarded as acute psychotic reactions or as religious experiences is dependent upon the point of view. What is important is the effect they have upon the person concerned. The following abstract will illustrate a rather typical case in point.

George was a 22-year-old single male seminary student referred for evaluation because of some findings on psychological tests and after consultation with his counselor. About six months prior to his consultation, George began to have anxiety attacks interspersed with periods of moodiness. These were directly associated with the gradual development of an intense love-sexual relationship with his girl friend, also a seminary student. About a month prior to his consultation the relationship culminated in sexual intercourse with this girl friend. During the next week he became anxious, depressed, and guilty. He was suspicious of her and accused her

of having affairs with other men. The following week George became increasingly abusive toward her and on one occasion struck her. Coincidentally with this his class attendance became sporadic since he spent more and more time alone in his room.

During the diagnostic study it was discovered that George felt that God had given him a "certain power." He was vague as to what this power was, but hinted that it had to do with an ability to influence the behavior of others. In contradiction to this, George stated that often he felt forlorn and worthless. At such times he thought of suicide.

Since coming to the seminary, George had begun to wonder if his previous beliefs were valid. He speculated about the meaning of existence and ruminated over the lectures in theology and philosophy. Following the episode with his girl friend, he became more and more preoccupied about existential matters and more confused in his thinking. He began to believe that his professors talked "double talk." "They say one thing, but mean something else; I try to figure out what they really mean." Associated with this, George began to perceive hidden significance in commonplace happenings. "I'm sitting in the lounge studying and a friend walks by with his hands in his pockets. I wonder what that means and can't study."

George came to prepare for the ministry following a religious experience at the age of seventeen. While attending revival meetings in the summer he was restless, irritable, and depressed. The evangelist had spent several days speaking on various types of sin. On this particular evening the congregation was singing and their voices seemed to change. The music swelled and roared in his ears. George described what happened: "I felt confused—sort of dazed. How can I describe those feelings? I was reached up, but also in the depths. There was something I needed, but couldn't find, I thought. I left the meeting and walked and walked. My thoughts seemed unusually clear, yet they were confusing. I was tired so I sat on a bench in the park. A man asked me for a light; I didn't have one. Then it came to me with a flash. He was the agent of God. He'd asked me for something I couldn't give. It was all clear to me now. There was meaning to me. I was to prepare so that when called upon I could give. I felt a sense of relief—of oneness."

George discussed the experience with his pastor, who was quite impressed and urged him to prepare for the ministry. When he told his mother of the experience and of his talk with the pastor, she decided he was to be a minister. George went to a small denominational college which prided itself on its religious atmosphere. He did well, concentrating on his studies. He did not date, but did participate in mixed activities. At seminary he met and began dating the girl mentioned earlier. The relationship was, at first, a platonic one in which they had long discussions of philosophy, ethics, and religion. Gradually he responded to some of her provocative "acting-out" behavior and this culminated in an experience of heavy petting and coitus with the results previously

mentioned. Eventually he became more confused and finally required hospitalization.

George came from a very rigid moralistic home where mother's was the dominant influence. It is interesting that, although she was a very moral person, she was careless about the intimate details of daily living. Up until the time he went to college George would help bathe her and, on occasion, dress her. Various bodily functions were performed openly. This contradiction between her thinking and her behavior indicates a seriously disturbed woman. His father was an unhappy, moody individual who slept apart from his wife and had little interest in anything except his job. George had been taught the value of loving and giving, but he also had learned that to do so in terms of himself (his body and feelings) was bad. The theophanic experience represented a solution which was temporarily successful. By displacing the basic conflict from sexuality to religion, he could receive and give. His guilt was mitigated by his religious beliefs and atoned for by his work. Intellectual companionship was substituted for direct sexual contact with women. This adjustment was maintained throughout college, but was jarred at seminary. In addition, his experiences with his girl friend occasioned guilt as a result of the transgression of his superego's prohibitions. This was further intensified by the unconscious association with repressed fantasies relating to his mother. Having no other resources, he again sought a solution within the framework of his religious beliefs. But this no longer worked, since these beliefs and his faith, in part, had been shaken by the liberal theology to which he had been exposed. In the further attempt to cope with overwhelming anxiety his beliefs and behavior became so maladaptive that he required hospitalization.

Interestingly enough, none of the ministers suffering from psychotic reactions had the delusion that he was God. All had delusions involving a special power or felt that they had an exceptional relationship with God.

To differentiate these feelings from a normal sense of communion and rapport, which is part of a religious faith, is sometimes difficult. The extreme cases usually pose no problem as, for instance, the person who believed that he was John the Baptist. This man believed that he was sent to prepare the way for the second coming of Christ. The identification of Christ would be made known by certain signs and portents known to himself alone. He required hospitalization when his search occasioned difficulties involving the invasion of privacy. There are, however, many situations which are borderline, and in such instances differentiation often becomes a matter of difficult judgment. The nature of the person's environmental mores, his cultural background, and the like, are important factors influencing the judgment. A simple criterion which sometimes is of aid in borderline cases is the patient's willingness or unwillingness to examine the belief. In the presence of illness, the person either will not discuss the belief or refers to it in vague generali-

ties. When challenged, he usually becomes angry and refuses to talk about it. Upon analysis, these delusions of special power are revealed to be defenses used to protect the individual from awareness of his sense of insecurity and inferiority. In two cases that were treated intensively, they had the added meaning of a wish for union with an all-powerful mother and the desire to be her only source of expression and concern. Beneath this lay the archaic expression of the magical wish for omnipotence.

It is not necessary to discuss and analyze the meanings of all the symptoms presented by the religious workers who showed schizophrenic reactions, but there is one which warrants some consideration even though it is not limited to schizophrenics. Every one of the sixteen ministers who suffered from psychotic disorder and many of the psychoneurotic ones had severe disturbances concerning their identity. The concept of self was distorted in a variety of ways, ranging from a lack of integration of masculine and feminine identifications to a lack of any identifications, with the resulting concept of nothingness. The feeling of nothingness was usually associated with depression. In any case, this lack of an integrated self-concept or sense of identity necessitates the seeking of outside assurance of the validity of one's own existence. This is a factor in the delusions of power or special relationships, one of the motivational forces determining the choice of the ministry as a profession, and a factor contributing to the eventual personality breakdown.

Religious beliefs are subject to the same psychic forces as are other mental processes. This says nothing about the validity of any given religious belief, but recognizes the existence of such beliefs as a part of mental processes and character structure. My observations would lead me to conclude that religious beliefs tend to serve self-preservative needs, aiding integration and adaptation to the stresses of living. Such usage is not always successful, and, as we have noted, in the psychotic individual religious beliefs may be, and often are, distorted along with the disruption of mentation in general. Yet, even in such circumstances, they still tend toward integration and adaptation. This may be illustrated by the individual mentioned above who believed that he was John the Baptist sent to prepare for the second coming of Christ. The belief in the second coming of Christ is a common one and may be considered non-delusional, whereas the belief that he was John the Baptist may be considered delusional. This latter belief was based on a complicated set of factors which caused him to distort reality, deny himself, and assume the identity of someone else. Insofar as this belief functioned he could react and behave, not as himself, but as if he were in reality John the Baptist. It was only when this behavior came into conflict with current social mores that he was finally hospitalized.

Similar processes may be observed in those individuals in whom the ego disintegration is limited rather than progressive. Partially the result of a denial of self associated with guilt, there is a need to identify

with objects outside the self to maintain a sense of integrity and identity. Frequently, individuals who feel unloved and unacceptable turn to religion to find the love and acceptance they crave. Insofar as they are gratified, their religion subserves the function of an object. They develop a sense of self in relation to their beliefs. Removal of these beliefs causes the weak ego to collapse, resulting in psychotic disorder. This unconscious use of religious beliefs is most often seen in the rigidly fundamentalistic or neo-orthodox minister. Sometimes it may be mistaken for real devotion and true faith.

Occasionally one hears about the spontaneous resolution of a psychotic process. As I listen to the accounts of such events, I get the impression that the religious belief serves as a focus around which a disintegrated ego can crystallize. There is reintegration with continued growth toward maturity. In these instances the psychotic process becomes a creative productive experience and the insights and understanding thus achieved not only revolutionize the individual concerned, but may exert profound influence on others. We only imperfectly understand the processes involved. It is something to ponder.

Not infrequently there is awareness of the disintegration by the individual and a real effort to find help. More and more ministers are turning to psychotherapy rather than seeking a solution in religious faith alone. Under such circumstances, successful therapeutic intervention halts the disintegration and permits reintegration, often at a more mature level of adaptation than the previous one. Usually the sooner such help is obtained, the better the prognosis.

The discussion of the psychotherapy of schizophrenic reactions is better left to technical papers since the process is a complicated one. Yet a few general remarks are pertinent here. Therapeutic techniques vary widely both in theory and in practice. This is because we do not know the cause or causes of these reactions. Probably we shall find that the symptom complex which we call the schizophrenic reaction results from a variety of circumstances, each of which interferes with mental processes. Certainly any acutely disturbed person requires hospitalization. In the hospital various forms of chemotherapy or physiotherapy may be indicated as a means of helping the person become amenable to psychotherapy.

The office treatment of such reactions requires experienced therapists who are willing to accept the misinterpretations, falsifications, distorted perceptions, and acting-out that occurs in the course of therapy. In any case treatment must be intense and prolonged and, as has been indicated, when religious beliefs are incorporated into the delusional system, may require special techniques to handle the special problems thus created. In my own experience, I have found that, in selected individuals, the prognosis is good with supportive treatment gradually merging into interpretive therapy. Psychotherapy cannot be forced upon an individual and, generally, the sooner therapy begins, the better are the chances of a successful conclusion.

THE CONTRIBUTION OF PASTORAL COUNSELING AND PSYCHOTHERAPY TO MENTAL HEALTH

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There was a time in primitive societies when the function of the priest and the healer were not yet separated, but united in one person. This was a time of prevailing magical thought and action. Nowadays ministers and psychiatrists meet on a more rational basis for the purpose of mutual aid. Under the cultural conditions of mass society the need for understanding of individual emotional conflicts has become increasingly urgent. There are many individuals who do not suffer from illnesses defined by a medical diagnosis; they are suffering from ill-defined unhappiness, loneliness, rootlessness, meaninglessness of living; they may not want to face their religious or spiritual conflicts: they may avoid the church and turn to a psychotherapist for help. Others who still have some emotional attachment to a church and a prejudice against psychiatry may turn with the very same problems to a minister. In the United States this widespread need for help in individual conflicts gives rise to a new professional group of pastoral counselors who in the frame of a church specialize in individual counseling, using the knowledge and the techniques of modern psychotherapy to help their clients. There is a practical common basis for individual pastoral counseling and psychotherapy, this common basis is human understanding.

To be an expert in psychodynamic understanding which includes grasp and management of transference and countertransference is so time- and energy-consuming that it cannot be combined with the duties of a general medical practice or the clergyman's broad obligations toward an extended parish. I want to try to point out the similarities between modern psychotherapy and the new specialty of pastoral counseling that grows out of the needs for help in the widespread neurotic misery of our time. Though the professional background of pastor and psychotherapist is different, their common purpose, the service of the suffering individual, brings them together; they try to reach an understanding that transcends the barriers of communication between the two professional groups. Sociological studies compare the different "untranslatable" terminologies of two symbol systems that attempt to grasp different aspects of reality as well as the different social roles and expectations that characterize minister and client, on the one hand, and psychotherapist and patient, on the other hand. The physician's role is necessarily authoritative when the diagnosis reveals that the

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patient is unable to take care of himself. When the patient can be helped by surgical, pharmacological, or other external intervention, the patient has to follow the physician's orders. But when a relief in the patient's suffering can be expected only from a change in the patient's inner attitude, the doctor-patient relation is no longer authoritative, it becomes a relation of mutual participation.

Similarly, in pastoral counseling the authoritative role of the minister can become obsolete, for the counselee cannot simply obey the minister's orders to have faith when he doubts and despairs, to love his neighbor when he hates and keeps grudges, to practice devotion when he is full of bitterness. A change in inner attitude—in religious terms, a conversion—has to take place and can be reached in a partnership of searching for a new understanding. The pastor needs the diagnostic advice of a physician if there is any doubt whether the patient is able to profit from such a counseling service by active participation or whether he is disabled to such a degree that he cannot actively participate and needs medical care. The minister's counselee as well as the patient in psychotherapy may hold on to the expectation that he can remain passive to the hope that the minister or the doctor might take the active role of a magic healer or redeemer, but these roles that the helper is expected to play are more an obstacle than a help in the search for understanding of what ails the supplicant and of how he can learn to accept help and help himself.

The verbal frame of reference, be it psychiatric or theological, can also become more an obstacle than a help. The sophisticated patient may have preconceived ideas about his inferiority feelings or some book learning concerning his Oedipus conflict. The counselee of the minister may have deep-seated illusions about unpardonable sin or his own self-justification. Such abstractions are mostly far removed from spontaneous emotional experience and represent a resistance against the process of self-scrutiny which can initiate a change of inner attitude. A debunking of clichés has to take place before both partners arrive at the genuine emotions which dissolve congealed habit patterns and permit new decisions.

I want to look at the similarities in the minister's and the psychotherapist's task from two viewpoints, that of confession and that of conversion. Both concepts belong in the minister's universe of discourse, yet may be also profitably translated into the psychiatrist's frame of reference. A patient or counselee approaches his helper with a need for confession. He does not necessarily talk about his guilt or sin, but considers himself a failure; he does not make use of his potentialities, he does not get enough satisfactions out of his intimate relations, out of his work; he finds himself caught in conflicts in which he cannot arrive at decisions, he is anxious, depressed, antagonizes his partners or feels exploited by them. When an organic illness that needs medical attention has been ruled out, when the patient is able and willing to take some responsibility himself in the healing process he turns to a psychiatrist or a minister to learn to understand about

the causes of his suffering and how they can be removed. Short-cut solutions, like exhortation, reassurance, guidance, are frequently not effective, for they offer only transient solace or they represent gifts which the distressed patient cannot yet integrate. They even increase the painful distance between the patient's real being and the ideals he cannot live up to. The psychiatrist as well as the pastoral counselor in our time has arrived at the conviction that a change in inner attitude of the patient or counselee can take place only when he is able to confess not only what he knows about himself, but also what is hidden from his awareness. Since the Freudian discoveries about the unconscious mind we do no longer rely solely on the surface self-presentation of a patient. Every patient or counselee in our time and age has been exposed to so many social pressures that he approaches his helper with distrust. This distrust may be expressed in a readiness to win the helper's approval by hypocritical submission to the expressed or not expressed wishes, suggestions, ideals of the authority; or the patient tests his helper's forbearance by withdrawal, defiance, conscious or unconscious deception. There have always been spiritual leaders and gifted healers who intuitively looked through external appearances to the core of the personality and were also able to communicate their insight to the supplicant. The modern knowledge of psychodynamics has made such insight accessible not only to persons of exceptional inspirational gifts. A trained person can learn to look through the network of lies, self-deceptions, illusions, and rationalizations that separate the suffering individual from the sources of vital energy, and that have made his emotions and other derivatives of his vital impulses partially enigmatic to himself. But the suffering individual has to participate in the investigation. It mostly turns out that his very participation, his engagement in a process of investigation, distracts some of the self-tormenting impulses which gnaw at the patient's vitality. In this kind of confessional work both doctor and patient, pastor and counselee, have to invest much time and energy. A confession that has become an empty ritual does not reach the depth of individual suffering. The patient or counselee only gradually learns a soul-searching veracity that surmounts conventional communications. He needs time and an atmosphere of calmness, that shuts out the every-day distractions, a non-judgmental, sympathetic listener to whom he can reveal himself without fear of being forced into conformity or rejected by condemnation. If this confessional self-revelation becomes the goal of a common enterprise in which counselor and counselee, doctor and patient, collaborate, their mutual communications dissolve the private reveries and misleading products of imagination which human beings are inclined to spin in their lonely endeavors to discover the psychological truth about themselves.

In an effective confession we must have a grasp of the psychological phenomena that psychoanalysts have called transference and countertransference. These phenomena of repetition and identification show a clinging to congealed patterns of past relations and to roles which both partners of such an investigation attribute to the other ones and to themselves, roles

that mask the original, truthful I and Thou, according to the formulation of Martin Buber, in the here and now of their encounter. The psychological truth cannot be found by logical deductions and abstractions alone. The encounter of the spontaneous I and Thou springs from a trust that can afford to drop the more or less stereotyped masks and roles of defense and gradually to reveal the innermost self of the patient or counselee. But he is only able to respond with cleansing sincerity to a counselor who has purged his own reactions by his self-scrutiny from impulsive or compulsive wishes and fears in his approach to the partner. A human helper is never free from the wish to succeed or from the fear to fail, but he can learn to tame his impatience, to become aware of his preconceived ideas and prejudices, the egocentricity of his strivings, and to adapt them to the partner's pace and slowly growing understanding so that all interpretations and explanations are concentrated toward the goal to transcend the present conflicts and to regain the wholeness and integrity of the suffering partner.

In religious experience the regaining of wholeness is called conversion. It is a conversion from a life-negating to a life-confirming, integrative attitude. Such a conversion hits a person sometimes with lightning power as William James has demonstrated in his studies of *The Varieties of Religious Experience*. The psychotherapist hopes for a similar transformation of his patient, but this is seldom experienced with dramatic suddenness, since the psychoanalyst, particularly the analyst of the classical Freudian school, embarks on a long-term exploration of the individual patient's past. He tries to avoid directions and suggestive influences that impose on the patient the helper's own values, he attempts to liberate gradually step by step the synthetic function of the ego by tracing the causes of dissociation back into early childhood. In other schools of psychotherapy attention is more concentrated on the aim of re-adaptation of the patient in the present situation. In order to understand the phenomenon of conversion it may be useful to throw a short glimpse into the causes of disintegration and reintegration in human development.

The dawn of consciousness, the self-consciousness of his separate, unique existence, arises gradually out of an unconscious symbiotic unity of the infant with his mother. Consciousness, according to Hegel, is from the start unhappy consciousness. Due to the prolonged dependency of the human infant, the child experiences separation and frustration as painful helplessness and as an alerting threat to his very existence, while the gratified infant sinks back into the happy unconsciousness of sleep. Fortunately, in a trustworthy mother-child relation the transition toward growing independence develops slowly; in this protective dependency the child discovers playfully his growing ego functions. In transient experiences of separation his trusting imagination transcends the frustration and anxieties of the moment and opens the resources of hopeful anticipations. But when the trustworthy relation between parent and child has been broken up by prolonged separation, e.g., due to overwhelming anxieties on the part of the parent, the child is left in hopeless loneliness that threatens his survival,

as Margaret Ribble[1] and Rene Spitz[2] have demonstrated. The child is flooded by chaotic anxieties and if he survives he builds up in his loneliness hardening structures of self-defense against these chaotic anxieties. These defenses curtail the freedom of his development. The defenses of narcissistic isolation intensify the conflict between dependence and independence, between a person's uniqueness and his need for group-belonging. The defenses tip the inner equilibrium in the direction of smothering dependency, stupefying gullibility and submissive depression or in the direction of precociously sensitive, suspicious alertness to a world of dangers, to the void of non-existence experienced as estrangement. The defensive preparation for the worst distorts the products of imagination into the hellish projections of anxiety, rage, envy, hatred, or scorn. These images of a gloomy forecast elicit in others disgusted withdrawal or angry rejection. A person who grows up in such basic loneliness learns to repress the images of hope and trust in himself as well as in his world. He does not dare to dive into an unknown future, to grow, to experiment, testing the free play of his impulses in an expanding world. He cannot learn from failures and transcends frustrations in the ever renewed hope and trust in a brighter future. When the lonely, distrustful child grows into adolescence, he misses the regenerative power of erotic experience. His anxieties and defensive cautions keep him in prolonged incestuous bondage. Sexual experience remains meaningless if it is not inspired by trusting love. The anxieties of basic loneliness flood the erotic fantasy life with sadistic and masochistic images and, threatened in his integrity, the discouraged person recoils deeper into this loneliness and does not reach the full life of mature manhood or womanhood.

Such basic loneliness that represses and cripples the potentialities of trust from early childhood on, can lead to extremes of despair and disintegration and to the outbreak of a psychosis. But there is no individual so firmly integrated that his equilibrium could not be shaken by disabling anxieties under severe blows of fate. There are great differences in the individual abilities to endure frustration. The gift of trust may gain strength in transcending the hardship of reality. But the powers of destruction become particularly overwhelming for an individual of highly sensitive endowment who has been deprived of the security and confirmation of his existence, deprived of the consistent tenderness in an harmonious family life. He is frightened by the challenges of life, horrified by death, by the powers of destruction that pervade inhibited, arrested living. Nevertheless, even though a life may be impoverished in constructive experience of trust, we find in the sensitive, neurotic person a longing for the spiritual values, for the potentialities of love and trust that can transcend the conflicts and make life meaningful and whole. The neurotic person is deeply attracted by the charms of beauty, the warming glow of goodness, the

[1]M. Ribble, "The Rights of Infants," *Psychoanalytic Study of the Child,* I (1945), 415-416.

[2]R. Spitz, "Hospitalism: An Inquiry into the Genesis of Psychiatric Conditions in Early Childhood," *Psychoanalytic Study of the Child,* I (1945), 53-74.

dignity of truth. The attachment to the ideals of perfection, to the ultimate values of existence deepens the neurotic suffering under imperfection and inadequacies; he is most vulnerable to the forces of destruction and disintegration which drive the afflicted patient to a helper. His very suffering, panic, depression, and despair bear witness to the indestructible yearning for trust, the repressed, innate longing for peace and serenity. There is a deep remorse about being separated from the actualization of these potentialities. The neurotic person cannot be satisfied with cheap compromises and shallow complacency. He is deeply torn by the conflict of all or none, Kierkegaard's Either-Or, he is torn between an unacceptable reality which for him has become the hell of loneliness and lovelessness and the heavenly gates of redemption. Out of this conflict grows the experience of conversion, the decisive step from the despair of disintegration to the trust in the healing and reconciling power of love. We encounter this experience particularly in the sensitive, emotionally endowed person who is easily carried to extremes by his mood-swings. The ecstatic experience of conversion and redemption can become another illusion, a renewed escape from the unbearably painful aspects of existence. The manic-depressive patient is prone to fall into his habitual pattern of escape. But also a more stabilized, less narcissistic person may be lured by self-deception into a state of blissful ecstasy.

Therefore, conversion and confession belong together. A minister as well as a psychotherapist can be helpful to prepare the way for a change of inner attitude—it has not to be a dramatic conversion—to remove the obstacles of conflict, to abolish the network of lies, illusions, and self-deceptions by the painful veracity of confession. The encounter with the luminous source of all ultimate values is beyond the reach of human will power, though there is a deep-seated longing to unite all strivings in this one direction. But sincere communication between pastor and counselee, psychotherapist and patient, may give rise to a genuine remorse, not only about repressed egocentric and destructive impulses, but also remorse about the repression of potentialities of love and trust that have been crippled or buried. Such genuine remorse is able to hallow human failures and perversions, showing them in the light of redemption, if pastor and counselee, psychotherapist and patient, can reach that down-to-earth, immediate understanding that transforms the I and Thou into a creative We. There is no crime so ugly, no insanity so distorted that the life-confirming potentialities of trust could not be discovered in the most defiant denial of life's values. At the bottom of the most desperately lonely perversion there still glows the hidden yearning for redeeming love, and pastor as well as psychotherapist is able to rekindle this concealed glowing by the sensitivity of his understanding.

MENTAL HEALTH IN THE PULPIT

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In 1956, Dr. R. Finley Gayle, Jr., chose as the title of his presidential address to the American Psychiatric Association, "Conflict and Cooperation between Religion and Psychiatry."[1] He pointed out that at the time the status of our relationship seemed to be most adequately described as one of peaceful coexistence, largely an attitude of "We won't bother you if you won't bother us. This way we will all be happy and from time to time we will have a get together in which we express our mutual admiration; after which we return to our separate ways and distinct differences." Dr. Gayle, however, went on to express the optimistic idea that the two professions were then ready to move gradually from a state of peaceful coexistence to one of active cooperation.

I believe that Dr. Gayle's optimism was well founded. There has been a tremendous upsurge of interest in working out the ways in which we can cooperate in defining the areas in which each has complete jurisdiction, those in which one of us has primary jurisdiction and those in which we are co-equal. We are now finding out that while we are both dealing with disturbed people, the differences between the two professions are much greater than the similarities. Novey[2] reminds us that psychiatry is the medical specialty that deals with mental disorders of varying degree while religions are systems of beliefs through which the ethical and moral nature of man and hence his well being as an individual and a social being may be secured. He brings out that one of the fundamentals of modern psychiatry is that adequate interpersonal relationships are the bedrock of mental stability. Human behavior is positively directed toward the goals of collaboration and of mutual satisfaction with other persons unless it is interfered with by a disordered state. When this interpersonal relationship is disturbed by psychopathology, that is, abnormal reaction to normal situations, it is the legitimate realm of the psychiatrist, but where man's relations to himself and to others are disturbed but are essentially normal in nature and they have to do with religion, they are better dealt with by an appropriate religious person.

Religion gives man a means of securing stability and security in the world today. I started to say "in the unsettled world of today," but the world is always unsettled and man has always needed and craved some anchor of belief to hold on to. The family, the social and economic structure

[1] *American Journal of Psychiatry,* CXIII (1956), No. 1.
[2] Samuel Novey, "Consideration on Religion," *Journal of Nervous and Mental Disease,* CXXX (1960), No. 4.

and political organizations are all changing and no longer provide us with the security we need, and which religion can provide. However, religion may be destructive as well as constructive. While it may be a source of security and satisfaction, it may also be distorted and perverted by the individual himself or by the community.

We have to consider that religions are administered and interpreted by mortals who, as Novey points out, are subject to the same errors and the same distortions of intrinsic intent as are other human institutions, including psychiatry. Only the Deity is free of error. Man with his frailties chooses his own belief from man-presented religions and follows it as best he can with guideposts set up by men. While we as physicians and psychiatrists have no right to impose our own beliefs on others, it seems to some of us that we do have a right to study these man-administered institutions from the viewpoint of scientists and practitioners of the healing arts to see wherein religious concepts can cause or aggravate mental disturbance. I feel that, when such an effect can be properly identified, the psychiatrist has a right to work with the patient in an effort to help him resolve his problems. Hence, I have the temerity to suggest some religious attitudes which I believe to be conducive to poor mental health—in other words, wrong kinds of religion.

From the mental health point of view, I think the wrong kind of religion is the kind of religion to which Jacques Maritain referred when he wrote, "All those things which are in themselves good; science, technical progress, culture, etc., the knowledge of moral laws too, and even faith itself, faith in the living God—all these things without love and good will, only serve, in fact, to make men more wicked and more unhappy."[3]

Thus, one wrong kind of religion, one which has a corrosive effect, a kind of religion which emphasizes the self, which encourages exclusiveness, which leads to bigotry, rigidity, intolerance, self-righteousness, which emphasizes ritual and hypocrisy, is certainly one which does not make for a full and happy life. It leaves out the social conscience, the friendliness, the charity and compassion for fellowman, the very heart of Christ's philosophy.

In his book, *The Mature Mind,* H. A. Overstreet also describes a type of religious attitude which is contrary to good mental hygiene. He says, "Religion of this sort emphasizes the relation of subject to ruler; slave to master; dependent and obedient child to parent. Such religion operates through commands given and received; it approves submission; as rewards for good behavior it gives gifts but never an enlarged freedom. Its basic motivation is fear . . . it offers the individual no strong invitation to explore his world to find out for himself the ways of life that are wise and to go these ways. It tells the child-mind the things it must do and warns it of punishments if it does not do these things."[4]

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[3]Quoted in C. Fadiman (Ed.): *I Believe;* Simon and Shuster, New York, 1939, pp. 209-210.
[4]Norton, New York, 1949.

The goal of personal mental hygiene is a wholesome fullness of life—a maturity of personality. A mature person is not a dependent and voiceless follower, a pawn for dictators and demagogues, nor is he good merely because of fear of a bloodthirsty God. The mature person will be good because of a deep human insight, because he recognizes and respects the dignity and significance of every human being. Such a person will not be a dupe of cults and isms; he will live and will die if necessary for the common good.

Overstreet recalls that there is an old controversy over the actual meaning of the word religion. Some think it comes from a word meaning *taboo,* others that it comes from a word differing in only one letter, which means to *bind together.* Taboo religion, the religion of fire and stake, of the jealous and ruthless God, who demands blind, unthinking obedience, I consider the wrong kind.

The other kind, religion which binds together, is the right kind of mental health. There are two basic instincts, the instinct for preservation of self, and the instinct to perpetuate the race. The one leads to individual survival, even in the jungle, but this is not enough if we aspire to more than a life of primitive savagery. The other, the social instinct, leads to progress of the human race and to the development of civilization, in which the greatest values are placed on kindliness, courtesy, love, charity, tolerance, and comprehension of the rights of all racial and cultural groups, as well as those of individuals.

Dr. George Preston, for many years Commissioner of Mental Hospitals in Maryland, says, "Mental Health is the ability of one human being to live with other humans in whatever situation he may be placed without having to sacrifice his own happiness or destroy that of those around him." Full mental health cannot be achieved unless one's religion rises above a narrow devotion to creed and dogma, concerned only with obeisance to a stern taskmaker; unless it reaches a recognition of the ultimate obligation of man—contribution to the common good.

Christ taught humility and laid great stress on non-resistance and submission. This was necessary in order to lead His people to a rejection of the Roman philosophy dominant in the Holy Land at the time, which glorified power and had no place for pity and compassion. He did, however, preach more than the philosophy of "Blessed are the meek" and "whoever shall smite thee on the right cheek, turn to him the other." He certainly taught, by both precept and example, that a healthy degree of aggression is desirable when the end is justified and the means are ethical. I believe that pride in achievement is not only permissible, but to be encouraged, when the achievement is for the common good. Dr. John M. Galt, one of the founders of American psychiatry said, over a hundred years ago, "God has given us the desire of fame for the good of our species. True fame, then, resulting from the desire to make our names known by doing some great good, is worthy of being; it is following up the great purpose of our Creator. It

makes no difference that we shall be slumbering in the quiet grave when all that is good to which we have given rise is accomplished. We have followed out the destined end of our being; we have exercised rightly the talents which have been entrusted to us for the good of mankind."

Our goal, in mental hygiene, is not the mere absence of ill health—not a mere negative goodness—but a positive, dynamic, zestful approach to life, with a mature ability to face problems, to acknowledge mistakes, and to profit by both success and failures; to support one's self and to contribute to the common good; to love, to be loved—for "now abideth faith, hope, and love, these three, but the greatest of these is love." This to me is the right religion for mental health.

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EDITORIALS

Future Organizational Structures for Clinical Pastoral Education

Most participants in the movement of clinical pastoral education are observing with interest, and some with grateful enthusiasm or mournful anxiety, the accelerating discussions between the Institute of Pastoral Care and the Council for Clinical Training. The future will reveal the net results of these cooperating and coordinating trends, but occasional references are made to "merger," "joint staff," "reciprocal agreements on certification," "joint conferences," etc. The recent consultation among representatives of the Institute, Council, and American Association of Theological Schools reported in this issue of this *Journal* added another intriguing dimension to the currents of converging thoughts and activities in clinical pastoral education. Deepening internal concerns regarding theological education, theology, placement of chaplains, finances, denominational and interdenominational interests are supplementing the developments on the fringes of the organizational structures of clinical pastoral education. This movement may again be at a crucially important juncture in its organizational history.

Organizational structures usually reveal the personal convictions of the designers and builders. In the future organizational structures of clinical pastoral education what will be revealed with respect to convictions about the Institute and Council, seminaries, denominations, National Council of Churches, American Association of Theological Schools, or supervisors, chaplains, parish pastors, and others? Should these convictions at this time be ignored, assumed, or shared?

Organizational developments in clinical pastoral education to date would suggest that there is great need for exploring the implications of convictions about the involvement of denominations, the National Council of Churches, and councils of churches in any national structure for this movement. Several denominational clinical pastoral education groups are in existence; there are potentially many more! Apparently they are intended to satisfy an unmet need. Is there an accurate awareness among those involved

of the possible consequences for denominations, seminaries, supervisors, and also for the Institute, Council, or any succeeding organization?

The denominations must acknowledge the continuing contributions being made to theological education and pastoral care by such clinical pastoral education organizations as the Institute and Council. But, this must also be acknowledged—the success of the Institute and Council hasn't been achieved independently from the denominations. Who will minimize the roles and functions of the Department of Pastoral Services, National Council of Churches, or the increasing interest and involvement of councils of churches? Most of the seminaries participating in the Institute and Council can be influenced significantly by denominational and inter-denominational convictions about clinical pastoral education.

There is an area of expanding mutual dependence and responsibility between the national organizations and the denominations. This mutuality exists among all who identify with the objectives of the clinical pastoral education movement. As steps are taken to clarify and strengthen organizational structures of national scope for clinical pastoral education, doesn't wisdom urge a principle of "inclusiveness" instead of "exclusiveness?" The experience of this *Journal,* the Advisory Committee on Clinical Pastoral Education, and the National Conferences encourages continuation of open channels of communication, joint and coordinated endeavors. Progress has been slow, difficult and painful, but this is the nature of growth. Clinical pastoral education has emerged, thrived, and advanced in a context of creative tension, realistic idealism, and fulfilled responsibility. The leaders of the movement now have an opportunity to draft and construct an organizational structure which will provide adequately for all the members of this unique community.

V. L. S.

COMMUNICATIONS

An Experience of Group Psychotherapy for the Parish Minister: I. A Process of Selection and Motivation

The purpose of this paper is to describe a method of selecting and activating a group of ministers for the experience of group psychotherapy. Succeeding articles will describe and evaluate one such group psychotherapy program.

Since its inception five years ago, the Lyon Mental Hygiene Clinic, with which the authors are associated, has looked upon its work with community agencies and institutions as an integral part of its program. At various times the Clinic has conducted in-service training programs for school personnel and probation officers, as well as for other community groups. In its work with churches, the Clinic has carried out programs of institutional evaluation, consultation with and training for church leaders, given lectures, and has secured pastoral assistance for a social agency program with which the Clinic is associated.

Moreover, the Clinic has developed two in-service training groups for clergymen. One of these groups has met monthly from October on through June for the last two years, and the other one has met in the same way for one year. At the present time, the former group is still functioning, while the latter group has been supplanted by a program of minister-participant group psychotherapy.

Ministers who had participated in the second of the in-service training programs described above indicated that they were looking for a different kind of experience. In brief, the ministers wanted less discussion of the theory and practice of pastoral problems, and all of them evidenced a concern for a greater understanding of self, and the more adequate use of self in their ministry.

As a result, it was decided to have two ministers who were vitally interested in such an experience, and the Clinic pastoral psychologist, each ask four ministers whom they knew if they would like to meet together in a one-day retreat, to see, as a result of that experience, if they would then like to undertake a program of group psychotherapy for themselves.

The nine ministers who participated in the retreat represented five different denominations: Methodist (4), Church of the Brethren, Friends (2), Disciples of Christ, and United Lutheran Church of America. All selected men were interested in a more over-all effective ministry, four had already experienced individual and/or group psychotherapy. Seven of the participants knew at least one other group member fairly well prior to the retreat. It was explained to each of the clergymen that such an experience might afford them the opportunity of getting better acquainted with their fellow ministers, as well as enabling them to see whether they would like to participate in a subsequent program of group psychotherapy. They were told that it was hoped such a program would focus on "use of self" and some of the practical, personal, and professional problems of their ministry.

The retreat itself was held for one day, from Friday noon to Saturday noon at a local, secluded church camp. One of the participants did the cooking and all group members assisted with housekeeping chores and clean-up. The group met after each of the first three meals, spending approximately eleven hours in discussions and interaction with one another. It was agreed upon at the outset of the first meeting that group members were to be cognizant of the feelings of other group participants, that no minister was to be encouraged to "go deeper" than he was ready to go, and that all theological "jargon" and "psychologizing" was to be avoided.

The Clinic director functioned largely in the role of "catalyst" during the three sessions, while the Clinic pastoral psychologist served as a "bridge" between the professions represented. Earlier discussions focused upon such issues as the minister's role, his "need to compete," and his need for greater self-knowledge. As the sessions continued, "felt needs" emerged, and much time was spent on the clarifying and understanding of the strengths and weaknesses of the men represented in areas such as preaching, pastoral work, the minister and his family, and the minister's participation in community life. One of the most valuable aspects of the sessions was the opportunity they afforded for the ministers to hear how a psychologist looked at religion and the minister.

During the course of the retreat, which is to be held annually, each of the participants expressed in various ways that he found the retreat experience a meaningful and fruitful one, and at the conclusion of the retreat several of the ministers present suggested spontaneously that they remain together and undertake a program of group psychotherapy. Many expressed the thought that the retreat had helped them to crystallize their need for further self-exploration into various personal and professional problems.

One result of the retreat, which might be thought of as a "conversation" between representatives of psychology and religion, was to establish a group psychotherapy program for retreat participants including one additional minister who was unable to attend the retreat. This program is to be carried out on an every-other-week basis without fee, in a centrally located church. The program is to run initially for nine months, each session lasting for one and one-half hours. Testing is to be done both at the initiation and conclusion of the program. The group psychotherapy experience will be discussed at greater length in future articles.

This article has focused on the selection and motivation of ministers for an experience of group psychotherapy based on participation in a retreat held prior to the program of group psychotherapy. It is hoped that ministers, institutional chaplains, psychologists, and psychiatrists might use and improve upon this method for involving ministers or other professional groups in the process of group psychotherapy.

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BOOK REVIEWS AND NOTICES

EDITED BY THE REV. ROLLIN J. FAIRBANKS, D.D.

The Creative Years: Reuel L. Howe; Seabury Press, Greenwich, Connecticut, 1959. 239 pp. $3.00.

One way to estimate the value of a book is to check its usefulness in relation to one's daily work. Surely in this test *The Creative Years* receives a high grade.

Military chaplains perform most of their ministry with specific groups. Among these are the young men who are single, usually in their late teens, and probably in service for just one hitch. Then, there are the young married people with children to raise and their future to plan. Third, there are those middle-aged men and women who have the tasks of bringing adolescent children through challenging situations, of finding significance in work as in life itself, of making their marriage meaningful and worthwhile, and of facing the ultimate facts and implications of their finiteness.

This book was pointed specifically at the needs and experiences of this last group in a most helpful way. It spills over, however, and enlightens our relationship with those in all categories: a young man trying to understand his aloneness, his separation from most people, a separation which he tried at one time to end by taking dope; a young woman trying to understand her ambivalent feelings toward her husband and child; and a middle-aged couple who are compounding their basic insecurities by losing touch with each other socially, sexually, and in their family responsibilities. Dr. Howe's comments and thoughts are so pertinent to each of these that this reviewer found himself wishing that they could all read this book.

The author, a former Professor of Pastoral Theology, is now Director of the Institute for Advanced Pastoral Studies. In this his latest book he defines the years about which he is writing as "the middle years—the years between the relative completion of our preparation for life and our retirement from living at whatever age it occurs." He continues, "They are the years of reproduction and production and can be the creative years."

To help the reader identify in his own experience and attitudes the problems to be discussed, Dr. Howe's first chapter sets down in a sort of "stream-of-consciousness" process the thoughts of Dick Foster as he travels home from his office at the end of a day's work. He is a married man with three children. (One has encountered difficulties with his marriage, the second has suffered a mental breakdown, and the third is only twelve.) In addition to these three, the other people in his life are his boss, his minister, an artist who was able to reach Dick's daughter Jane when the psychiatrists could not, and other more casual figures.

Howe then uses the larger areas of Dick Foster's needs as an outline for the rest of his book. Love, sex, and marriage receive much attention, especially as to their interrelatedness. Understanding teen-aged children and

a proper attitude toward work are principal topics. Through all of these areas there runs his theme of the "power of the personal" which "is the power to hear and to help one another . . . ; the power to live together with mutual helpfulness and creativeness." And his faith is that the creative work of God gets accomplished in mature personal relationships.

The one criticism which this reviewer would make is that the author's homiletical sense frequently intrudes upon his material and thereby interrupts the reader's absorption of insight and subsequent self-realization.

GEORGE. E. THOMAS

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Seasons of the Soul: Archibald F. Ward, Jr.; John Knox Press, Richmond, Virginia, 1960. 135 pp. $3.00.

The Psalms have long been known for the vividness with which they convey the poignant power of the deepest things of the spirit. Words, and especially translations, often get into the way of the meaningful expression of such deep longings. Not so with *Seasons of the Soul!* Here we find the rare sensitivity and deep insight of one who has himself wrestled with what the Psalmist felt. Here we find the vivid witness of one who has entered the storm and stress of what it means to be deeply troubled and by listening has learned to speak with power.

Dr. Ward has helped many of us who seek both for ourselves and for our people to give expression to the deep utterances of our souls. From his own clinical and pastoral experiences, his understanding of French and German, he has given us a rich means of devotion and spiritual understanding. What has often heretofore been only words, now leaps out in clarifying meaning. In the 39th Psalm we find: "I remained mute and forced myself to keep silent—This killed me, and was no good at all: My distress became only worse." Thus we have starkly revealed the core concern of the deeply troubled person.

The author helpfully selected from almost one hundred psalms those (sometimes only parts of a psalm) that express eloquently a basic human need or feeling. He has arranged his selections into four natural groupings, skillfully depicting the ebb and flow of the "seasons of the soul." Such an arrangement will prove a boon not only for the individual seeker but also for the pastor who can aid his people in finding a way to release bottled up and often unrecognized deeper feelings. Hospital chaplains should find this an invaluable spiritual resource.

In his concluding chapter (which would really give greater meaning to the reading of this new translation if it were included at the beginning of the volume) the author makes abundantly clear that he knows what it means to hear another's distress. He recognizes too that without spiritual sharing one can never come near the wholeness that is holiness. But above all he demonstrates by the loving and tender offering of the words of feeling that he can listen even when anxieties are high and the tones of criticism and blame are too easily called up in the most devoted pastors. Hence *Seasons of the Soul* becomes a spiritual manual for all pastors who seek

tenderly for the most helpful ways to reach the inner and locked recesses that make life a nightmare for most deeply troubled people.

ERNEST E. BRUDER

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1000 Homosexuals: Edmund Bergler, M.D.; Pageant Books, Paterson, New Jersey, 1959. 249 pp. $4.95.

An author who writes about human sexual disorders must concern himself with maintaining a scientific objectivity which will not lend itself to sensationalism or propagandizing. Dr. Bergler, who is the prolific author of 18 books and innumerable case reports, seems to be attracted to both these literary devices and, instead of producing a study of homosexuality which might stimulate interest in his colleagues regarding his formulations, it only serves to alienate any serious-minded psychiatrist or psychoanalyst. The author is dogmatic, contentious, and lacking in the humility which should characterize a social scientist who is dealing with a phenomenon that is as yet neither precisely understood nor universally agreed upon by other investigators equally dedicated to the task of understanding the phenomenon.

Dr. Bergler writes well, and his case reports are described in a most interesting and readable fashion. It is, however, unfortunate that some of Dr. Bergler's concepts which could be useful and enlightening are weakened by his tendency to reduce the dynamics of homosexuality to oversimplified formulas based on psychoanalytic concepts which are not undisputed facts and which are currently being revised. His observations regarding the phenomenology and behavior of homosexuals are astute and inclusive, but the interpretations, explanations, and spirited defense of his point of view are tools in a propaganda war, and not in support of a scientific thesis. The concept of psychic masochism certainly explains a great deal of the behavior of homosexuals but, as Dr. Bergler himself notes, "Ironically enough, homosexuality has little to do with sex proper." Consequently, it must be understood in terms of a developing individual who, for a variety of reasons related to anxiety, foregoes any relationships of an intimate, tender nature with the opposite sex. The homosexual does not search for punishment, but his successful patterns of relating inevitably produce the typical neurotic distress which has been labeled masochism. The emphasis on the pre-Oedipal era of personality development is Dr. Bergler's favorite thesis which explains every psychic disorder. It is no wonder that he must argue every patient into accepting his formulation.

The author makes a most interesting admission which clarifies his role and attitude toward homosexuality. In his efforts to convince his patients of their masochistic suspiciousness and distrust, he says to a patient who is accusing him of a conspiracy to force him to trust the doctor, "We analysts don't lie to our patients in general and specifically not about family contacts. The reason is not devotion to truth, but experience. We have learned that we cannot trust anyone." This is obviously Dr. Bergler's difficulty, and not the difficulty of all analysts. It is hoped that in general analysts do have trust in their patients' desire to reorganize their neurotic way of life in spite of the major obstacles which the neurotic structure imposes.

Dr. Bergler does psychoanalysis and psychotherapy a great disservice by his oversimplification of neurosis and his use of magic in therapy. His talent for overcoming all defenses by a formula or by a clever retort sounds more like a debate around issues in which the therapist is omniscient. The therapist invariably makes the amazing discovery, which he knew was there in the first place. Every exchange is a confirmation of his thesis, and the patient is required to accept the formulation. However, in spite of all the deficiencies of this book, Dr. Bergler's message is clear and worth noting. Homosexuality is curable. This is not altogether a novel idea. Most neo-Freudian analysts who have abandoned the Libido Theory and the concepts Dr. Bergler uses to rationalize his views have pointed this out for many years. Treatment is a long, difficult voyage of mutual discovery, reappraisal, and energetic attempts at clarifying a great many distortions in living. It cannot be achieved, in spite of Dr. Bergler's claims, by a clever, condescending, disrespectful attitude toward a neurotic's disability. While he is able to be helpful to those patients who are overwhelmed by authority and overawed by certainty, this constitutes only a small part of the homosexual population. This therapeutic approach is a hangover from the authoritative atmosphere of classical therapy. His descriptions contain little warmth, compassion, or even friendly regard for his patients, who, even though distorted, are unhappy, lonely, and dissatisfied people. His remarks always sound angry, critical, and condescending.

The contention which Dr. Bergler stirs up may reflect more than the defensive attitudes of the homosexual, but may be a realistic response to his messianic claim of undisputed omniscience regarding an illness which still has many unsolved problems.

LEON SALZMAN, M.D.

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The Church's Ministry of Healing: A. H. Purcell Fox; Longmans, London, 1959. 115 pp. $3.00.

A book designed for a specific circle of readers is not likely to receive great interest outside that circle. Fr. Fox aims to tell the ordinary layman of the Church of England—Anglicans wherever they may be—what his local parish is or ought to be doing and teaching about the sick. This he does quite simply and in general quite well.

The thesis is indeed a simple one. Jesus' miracles of healing prove that God is concerned with the whole man: body, mind, and soul; that God does not send (though it is obvious that He permits) suffering; that Jesus intended His Church to continue to heal the sick ("greater works shall ye do"); that the Church had conspicuous success until its spiritual power was diluted after Constantine stopped the persecutions; that the Dark Ages forgot about a healing commission; that rising rationalism and materialism further obscured and confused the matter; that now at long last the Church is recovering its obedience and consequently its power to heal, in cooperation with the medical professions.

As the thesis is simple, so are the means of carrying out the commission ordinary. Prayer for the sick by priest and people, sacraments for the sick, Absolution, Unction and/or Laying on of Hands, and Holy Communion by

priest with people are to be the channels for God's healing powers. The fact that many may not be healed is taken calmly. God may have other plans for the person, suffering does purify when nobly borne, and the sick when treated in this way will receive health or something better. Since all men must die, this ministry to the sick will enable them to die well, "in sure and certain hope."

Minds more critical than those assumed for the ordinary layman may not be satisfied with the thesis. Christians not committed to Catholic principles of sacramental grace may find the means too ordinary. But it is a "household" book based on the work and experience of an Anglican priest among Anglican churchmen all of whom ought to know the Book of Common Prayer. Those "outside" might like, out of curiosity, a peep "inside," though $3.00 seems a bit steep for such a short show.

WOOD B. CARPER

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Creative Methods for Adult Classes: John McKinley; Bethany Press, St. Louis, Missouri, 1960. 96 pp. $1.50.

Until fairly recently, the whole area of adult education was one of the most neglected in the work of the Church. Now, with an increasing realization that a key to the Christian education of a parish is the involvement of the adult membership, there has developed an increasing interest in the procedures and methods of adult education. The value of Mr. McKinley's latest book is that he presents a wealth of basic material invaluable to the adult educator who is seeking a variety of ways in which to present his material. Mr. McKinley presents all the basic methods which can be used in presenting an adult program.

The author's premise is that, although adult leaders must know a variety of methods for communicating Christian wisdom, the methods must be seen in relationship to the nature of the adult learner. It is only as one understands the nature of adults as learners that he can develop the proper method to be used in an adult program. Drawing on the insights of the behavioral sciences, the author presents a clear picture of how the adult learns and how he can be involved in a given program. It is on this basis that the various kinds of methods are presented. Mr. McKinley also gives practical suggestions as to the best way of using the various techniques. Writing in a field that is notorious for its technical jargon and abstruseness, Mr. McKinley presents his material simply and clearly.

Anyone who is concerned with the task of adult education, or is an adult wishing to learn more about himself, will find this handbook very valuable. He will discover many of the insights of the human sciences translated into the practicalities of the local church situation. The book is highly recommended.

CLAUDE A. SMITH

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God Can Heal You Now: Emily Gardiner Neal; Prentice-Hall, Englewood Cliffs, New Jersey, 1958. 213 pp. $3.50.

Mrs. Neal is a professional journalist who began her investigation of spiritual healing to expose "miracles" of healing, and now investigates them to prove their existence. Her defense of the thesis that *God Can Heal You*

Now is substantially the same as that given in her earlier book, *A Reporter Finds God through Spiritual Healing.* This sequal differs from the original in that the author seeks to give added support to her case by dozens of illustrations of spiritual healing, and by brief descriptions of ministries of fourteen present-day apostles of spiritual healing. Eight of these are Episcopalians, the others being scattered among other denominations. It is interesting that the work of Oral Roberts is presented with obvious sympathy and with the admission that the underlying presuppositions of his ministry are identical with those of the spiritual healing movement.

The author reports that she was won to belief in the Christian faith through the study of spiritual healing phenomena. The reviewer cannot validly protest a genuine conversion to Christ no matter how seriously he may question the adequacy of the new convert's theological formulations. Nevertheless, in spite of agreement with Mrs. Neal's contention that there are important connections between the Christian faith and good health, and in spite of agreement with her encouragement of the trend toward greater cooperation between clergy and doctors, this reviewer finds himself fundamentally at odds with her theology at two crucial points.

First, there is the basic question of the meaning of "spiritual" healing. What is it, and how does it differ from other forms of healing including those which ordinary Christian people experience daily through following familiar and charted procedures recommended by trained and dedicated physicians? What is meant by the so-called "miraculous" cures which take place within spiritual healing circles, and how do these differ from other cures which are not judged to be miraculous? Are we to accept Mrs. Neal's suggestion that it is "dramatic" healings which furnish unmistakable evidence of the direct intervention of the Holy Spirit? If so, does this mean that God is less directly involved in cures which are undramatic, ordinary, non-miraculous? Also, if spiritual healing is concerned primarily with the healing of the spirit, what assurance have we that spiritual "wholeness" will always result in physical wholeness? Granted that there are close connections between the "psyche" and the "soma," is anyone prepared to defend the supposition that they are identical? Mrs. Neal argues that the salvation which Christ came to bring is *total,* including the perfect redemption of the body in this life. There are many who would challenge this assumption.

Our second basic theological disagreement relates to Mrs. Neal's theology of suffering. Along with all the devotees of spiritual healing, she assumes that God wills perfect health for all his children. Prayer for health should never be qualified by the phrase "if it be thy will." Failure to recover health may be explained as due to sin (individual or corporate), to a sinful lack of faith, or to a sinful failure to seek God's help in prayer. Many of us agree that we bring much unnecessary suffering upon ourselves as a result of our own sins and follies, but we also believe that there is a residue of suffering for which human sin may in no wise be held responsible. In line with broad areas of biblical evidence, we believe that some suffering is an inevitable concomitant to living in this kind of world, that it is in line with God's providential arrangement that the human race be started off in ignorance of the causes and cures of diseases, that God has given us a vocation to use our intelligence and strength to subdue these wild

untamed forces which are inimical to human welfare (Gen. 1:27-28), that in the process of carrying out this calling we might develop ingenuity and Christ-like concern to minister in his name to the needs of the neighbor.

WADE H. BOGGS, JR.

•

The Social Welfare Forum, 1959: Official Proceedings, 86th Annual Forum, National Conference on Social Welfare. Columbia University Press, New York, 1959. 276 pp. $5.00.

The publication of professional papers and findings results frequently in books which become dated quickly. This is not so with this volume's contents. No informed clergyman can afford to miss "Planning for the Small Community" (pastors in suburbia especially) and three excellent articles dealing with medical care—(1) "Medical Care Issues in the U.S.A.," (2) "Medical Care—An Historical Perspective," and (3) "Issues in Medical Care." Those clergy who are concerned with the growing army of older people will find "Rehabilitation of the Mentally Ill Aging" provocation and informative. "Unemployment in the Great Depression" will be interesting especially to the younger pastor. The concluding article, "Social Welfare in the Soviet Union," should be discussed by any parents' meeting wherein the members desire communication and the necessary element of controversy.

This book is a refreshing change from the over-emphasis on the individual, so common today in much literature and practice. Those who presented the 1959 conference major papers knew that individual people live in communities and not in therapists' offices or ministers' studies. While highly recommended to all pastors who want to help people, not simply dabble in verbal encounters, this volume will hold no interest for true believers in individual salvation, psychiatric or religious.

HENRY H. WIESBAUER

•

Love, Skill and Mystery: Theodore Bovet; Doubleday, New York, 1958. 188 pp. $3.50.

There is a spate of books on the market today on the religious aspects of sex and the marital relationship; however, this one stands up well. Written in a simple style, it communicates to the reader who has not read widely but who is looking for something beyond the "organ recitals" of the "technique books." Dr. Bovet, according to David Mace who introduces the book, is an eminent marriage counselor from Switzerland, who speaks from the medical standpoint but yet who is aware of the religious dimensions of marriage as well.

The reader in fact is pleasantly surprised to find a physician so well acquainted with Buber, Barth, and Bonhoeffer. As the title suggests, the author recognizes the need for information about sexual "skill," but the reason so many marriages are not established (he says) is the failure to move beyond sex to erotic companionship and the graces of agape love. He develops a concept of the woman as the heart of the home and of the man

as the head—not quite the companionate family idea in America, but a division of role responsibility based on the psychology of man and woman. He further develops an excellent Protestant rationale for family planning, one which stands up well alongside the Roman Catholic argument against contraception. The mystery of marriage, Dr. Bovet says, is the profound mystery of two people who never know each other completely and who must stand in the Lordship of their creator in order to endure the stresses and strains which their life together will bring.

This reviewer has used this book in premarital sessions with couples anticipating marriage, as well as with couples who are in trouble and who need to read as well as counsel in order to get a perspective on the meaning of it all. It is, therefore, enthusiastically recommended to all pastors.

CHARLES W. STEWART

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Doing What Is Christian: Harold A. Bosley; Abingdon, Nashville, 1960. 126 pp. $1.00.

This small volume by the very dynamic minister of the First Methodist Church of Evanston, Illinois, who is well known as a representative of liberal Protestantism, states the four fundamental convictions upon which his faith is based, namely, God as Love; Christ as the Way; the Church as the Witness; and the Kingdom of God as the Goal. He then proceeds to show how Christian ethical action is guided by these convictions in seven different areas of practical living from temperance to ecumenical relations. As one of the chief merits of the book is the clarity and simplicity of Dr. Bosley's writing and his care in avoiding the jargon of the theological or sociological expert, this book should commend itself particularly to laymen.

While it is obvious that one cannot deal with many aspects of any subject in so brief a volume, this reviewer believes that the book could have been greatly strengthened had the author dealt with the motive power which relates his convictions to his ethics. Is Jesus as the Way of life sufficient or do we need the power of the Risen Christ, which receives no mention? Can one move from conviction to ethical practice without the Grace of God as mediated through prayer and the sacraments, which likewise receive no mention?

GARDINER M. DAY

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New Horizons for the Synagogue: Jeshaia Schnitzer; Bloch, New York, 1956. 106 pp. $3.00.

This modest volume presents the faith and program of a young rabbi in the sphere of counseling, which he believes to be an organic part, perhaps the most important part, in a synagogue program.

Several years ago Rabbi Schnitzer prepared and circulated a questionnaire among both Conservative and Reform rabbis. He also interviewed 160 of them personally. The present volume is based upon "a good percentage of returns" and on interviews. The findings will not surprise anyone familiar with the clergy of any faith. Most religious leaders are *not*

adequately trained for counseling. And while the author rightfully stresses the need for formal training, he seems to dismiss as unimportant the years of experience in the active ministry. He reports with enthusiasm on how he transformed a small inactive, congregation into a dynamic center of counseling. He takes a dim view of lecturing and preaching—a judgment which this reviewer considers to be pessimistic. To sum up the book: it is the description of an earnest job by an earnest man.

BERYL D. COHON

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Thinking: an Experimental and Social Study: Sir Frederick Bartlett: Basic Books, New York, 1958. 203 pp. $4.00.

While one may quibble about the accuracy of the subtitle, the fascination of this new book from the well-known author of *Remembering* is indisputable. It is not a compendium on the psychology of thinking, but a partisan exploration of some thought processes: thinking is defined as gap-filling and consistently treated as continuous with bodily skills. Several types of thinking are discussed and exemplified by ingenious experiment or naturalistic observation: thinking within closed systems, problem solving, and the "adventurous thinking" of experimental scientists, "every day men," and artists. Religious thinking is not discussed, but the closing pages announce that the writer would regard its study important, speculating that it may have "characters which the other kinds do not possess, as well as . . . some of the features of closed systems, experimental, everyday, and artistic thinking."

PAUL W. PRUYSER

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Mental Subnormality: Biological, Psychological, and Cultural Factors: Richard L. Masland, Seymour B. Sarason, and Thomas Gladwin; Basic Books, New York, 1959. 442 pp. $6.75.

The whole field of mental retardation has come into great prominence in the last few years, stimulated by strong sentiments of compassion on the part of those who, as parents or friends of retarded children, have been baffled by society's lack of imagination in caring for them. This book is a broad survey of the entire field (as its title implies) designed "to provide a sound basis upon which a program of research may be developed." It is authoritative, comprehensive, at times somewhat over-critical, and not easy reading. Yet any one who wishes to get a good idea of the extent and nature of mental subnormality will be rewarded if he reads this book. It should be helpful in harmonizing the vast amount of undirected energy now available in this country for the attack on this huge social problem.

DANA L. FARNSWORTH

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A New Design for Living: Ernest Holmes and Willis Kinnear; Prentice-Hall, Englewood Cliffs, New Jersey, 1959, 236 pp. $3.95.

The authors of this volume strive to make a case for creative spontaneity within the context of a system of metaphysics. In doing so they

attempt to combine the inspirational and the hortatory, with science and the findings. What emerges is, for this reviewer, a confusing synthesis which is unlikely to have either much appeal or significant meaning for parish ministers.

JOSEPH F. WOODSON

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Ethics and the Gospel: T. W. Manson; Scribner's, New York, 1960. 109 pp. $2.75.

Published posthumously this excellent volume is based upon the Ayer Lectures which the author delivered at Colgate-Rochester Divinity School and edited by Ronald Preston under the supervision of Dr. Matthew Black. Beginning with a helpful comparison of Greek and Hebrew ethics Dr. Manson then moves on to a discussion of the Sermon on the Mount. He tackles the very difficult question of how Jesus' sayings (which were originally addressed to outsiders) came to be adopted by his followers as applying to themselves.

This reviewer found Chapter V, "The Earliest Christian Community," to be one of the most illuminating treatments of this subject yet encountered. The entire book, of course, is understandably biblically oriented, and it is undergirded by the authority one would expect from an established New Testament scholar.

ROLLIN J. FAIRBANKS

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When You Lose a Loved One: Charles L. Allen; Fleming H. Revell, Westwood, New Jersey, 1959. 61 pp. $1.50.

The purpose of this book, which is quickly and easily read, is to help individuals during the first hours and days of bereavement, to comprehend and accept the loneliness and emptiness of life when faced with the loss of a loved one. Through personal illustrations, anecdotes of famous people, and stories of biblical characters who have faced death or experienced bereavement, the author seeks to comfort and inspire others to meet death nobly through the reassurance of the resurrection. While developing cogently the relevance of the Christian faith in meeting sorrow constructively, this book is limited by the omission of the psychodynamics of the grief experience itself.

PETER T. BURKS

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Hentz—of Things Not Seen: Harriet H. Houser; Macmillan, New York, 1955. 235 pp. $3.50.

This is an absorbing story of a quadriplegic's fight to live. It is a treasury of feelings, and a skillful presentation of the medical disciplines as seen by the patient and his family. The story is told by the patient's mother. Because of her own personal emotional involvement, sentiment does get a bit heavy. However, it gives the reader an opportunity to see how a crisis affects the family as well as the patient. Woven into the story is a brilliant study—an eye-witness account of the people who constitute the healing

team. These personal portrayals, what individuals say, and the effect upon the patient and his family, plus the omissions with their effects, give real importance to this book. The extent of the work, the talents and techniques, will attract the reader's attention. The bewildering variety of experiences in the face of overwhelming odds will stimulate the reader's imagination and curiosity regarding this boy as a person.

In summary, it is a story about people, professionally skilled persons who have feelings. It is a story about a mother who cares. And it is a story for the clergyman who wants to be a better pastor.

LEICESTER R. POTTER, JR.

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Leadership for Action in Rural Communities: Burton W. Kreitlow, E. W. Aiton and Andrew P. Torrence; Interstate Printers and Publishers, Danville, Illinois, 1960. 346 pp. $5.00.

The authors have prepared a thorough study of the whole question of leadership in rural community life. Its main theme is that a democratic type of leadership, where the leader draws out from the group a commonly derived decision for action, is preferable to an authoritative type, where the leader seeks to carry through his own ideas as he is able to get the group to accept and follow them. The reasons for this belief are shown through an exhaustive study of each type, and by examples from actual situations to substantiate the basic theme. It is a splendid guide for rural community leaders; and, as a matter of fact, an excellent source book for leadership in any form of social activity.

E. DARGON BUTT

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Reaching Delinquents through Reading: Melvin Roman; Charles C. Thomas, Springfield, Illinois, 1958. 156 pp. $4.50.

This volume provides an introduction for a more intensive study of the uses of group experiences in remedial work. The author is specifically interested in studying the results of a group experience on students with marked reading problems. He combines the group experience and reading instruction in two groups, and in a third group he uses only the group experience to complete the research project. It is hoped that Dr. Roman will provide a sequel to this book that will describe the follow-up study of these three groups. The subject, however, will have only limited appeal for clergymen other than those particularly interested in research related to remedial reading instruction in a group setting.

ROBERT R. DOLLAR

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The Meaning of Baptism: John Fredrick Jansen; Westminster Press, Philadelphia, 1958. 125 pp. $2.50.

This is a book of sermons on the meaning of baptism, written to be preached to lay people. It is thinner than a systematic treatment would be, but it also brings in much religious insight from other angles than baptism.

It is a good example of a series of preaching sermons, and while it has the limitations characteristic of any collection of sermons or addresses, it does provide valuable instruction.

RANDOLPH C. MILLER

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Morals and Man: Gerald Vann; Sheed and Ward, New York, 1960. 223 pp. $3.50.

Father Vann is convinced, wthi Maritain, that just as Augustine had his theological day in the Middle Ages and Calvin has had his in modern times, so Aquinas will have his tomorrow in a new Christendom. This revised reissue of a 1937 original is the voice in the wilderness preparing the way of the coming lord. No simple return to medievalism is called for. No beating of the tired, old drums of scholasticism is requested. The appeal of the author is for a new application of the timeless thomistic principles to the problems of today.

The book's burden is first to show how thomism fulfills the partial insights of non-thomistic ethical and social theory and then to spell out briefly thomistic applications to politics, economics, marriage, and family life.

There are not many surprises here for the student of St. Thomas; but the style is clear, the case well argued, and the result is a pleasing introduction to thomistic thought.

CULBERT G. RUTENBER

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The New Life: Theodore Parker Ferris; Seabury Press, Greenwich, Connecticut, 1961. 130 pp. $2.50.

Beginning with the premise that happiness *per se* is not a legitimate goal of human endeavor, Dr. Ferris answers the question, "Beyond happiness, what?" by saying that Christ is the goal of life beyond happiness." He explores the implications of this enigmatic statement in the first half of his book, and then seeks to make application to modern situations: problems of money, use of force, integration, national purpose, etc.

The book, a compilation of talks or sermons (written in Dr. Ferris' deceptively simple style), seems to challenge the spirit more than overwhelm the intellect. A Seabury Lenten selection, its numerous provocative passages might make it quite usable for lay discussion groups. An evening's discussion might grow out of this statement. "(The New Life) did not make Paul a more moral man. He was already so moral that it was hard for himself and for society to bear." There are many more.

ROBERT W. HOFFMAN

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The Ministry of Mercy for Today: Peter Y. DeJong; Baker Book House, 1961. 261 pp. $2.50.

Certainly no Christian will quarrel with the proposition that the world needs a ministry of mercy. It always has, does today, and always shall need it. Insofar then as this book supports this proposition it meets a real need.

But one feels that this simple proposition of the title is considerably obscured in the text. It is concerned more with ministry than with mercy, and a narrow conception of ministry at that. The real focus of this work is a long dissertation (for the subject too long) on the Scriptural origin of and authority for a particular form of Diaconate—that of the Christian Reformed Church in which the author is a pastor. Here the quality of mercy is "constrained" in one form of ministry and unfortunately the constraining is set forth in a way that obscures the wider message of mercy.

DONALD J. CAMPBELL

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The German Phoenix: Franklin H. Littell; Doubleday, New York, 1960. 226 pp. $3.95.

As one who was the guest of a group of German church historians who have been studying the effects of the Third Reich on their churches, at Tutzing in Bavaria in 1959, this reviewer must quickly say that Mr. Littell's book is the one thorough statement on this subject in English. Here he has also analyzed the resistance to Hitler and the leadership of the *Deutsche Christian* which has resulted in both a stronger Christian spirit in the nation and new structural forms, like the Evangelical Academies, which give promise of a brighter religious future. A proper understanding of religion in Europe today requires reading this gripping story of a twenty-five year transformation of the German churches.

RAYMOND W. ALBRIGHT

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Perspectives in Psychological Theory: Bernard Kaplan and Seymour Wapner (Eds.); International Universities Press, New York, 1960. 384 pp. $7.50.

The subtitle of this volume is *Essays in Honor of Heinz Werner.* These *are* essays, semi-technical in nature and dealing with a wide variety of psychological phenomena. Sixteen contributors, including Abraham Maslow, Gardner Murphy, and Kurt Goldstein, write on such specific topics as "double function terms in children" to general themes such as "psychoanalysis as a developmental psychology." Though well edited, with excellent bibliographies and a thorough index, the volume will be tough going and of limited value to most clergymen.

ORLO STRUNK, JR.

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The Big Ward: Jacoba van Velde; Simon and Schuster, New York, 1960. 120 pp. $3.00.

"I wonder where I am and how I got here. It is strange that I cannot remember anything. Where was I before I came here? I must certainly have been somewhere else, because everything seems so unfamiliar."

These are a few of the lines from the opening paragraph of this remarkable word-picture of the changing changelessness of a geriatric ward in a modern hospital. A unique format presents *The Big Ward* as experi-

enced by the dying patient and her visiting daughter, the two persons seen in alternate subject-object modes. *L'Express* of France says the author speaks from the heart without becoming sentimental. Any reader quickly will understand why this novel was selected as Book of the Month in Holland, and also why it won the prize for literary excellence awarded annually by the Netherlands Government.

This reviewer strongly recommends this book to all pastors, doctors, nurses, Church visitors, hospital volunteers, and relatives who want vivid understanding of what it feels like to hear such terms as "patient," "that one," "her," or "the one who snores so much," when they are used to denote not "them," but "me."

HENRY H. WIESBAUER

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The Principle of Truth: Peter D. King; Philosophical Library, New York, 1960. 110 pp. $3.75.

Stating that "The Principle of Truth says that the aim of life is understanding," and defining "Truth as *everything;* its complete explanation, history and reason—if any—for existence," the author is off on a bewildering journey. The excursion takes the reader through a vast and varied field of social, philosophical, religious, legal and governmental issues, with some extremely intriguing observations here and there, but on the whole leaves him quite uncertain. When one discovers that the author cannot distinguish between authority and authoritarianism, gets caught in a very naive and thorough-going anthropomorphic conception of religion, and thinks "Christ was the son of a shepherd," it is time to give up. On the whole the volume is an inchoate hodge-podge of serious issues that are of real concern to the pastor. But the author appears to be driven more by his need to say something about these issues than by his having thought through what it is he wants to say.

ERNEST E. BRUDER

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The Pastor's Prayerbook: Robert Rodenmayer; Oxford University Press, New York, 1960. 319 pp. $5.00.

The author, a professor of pastoral theology at the Church Divinity School of the Pacific, has culled and collected an excellent assortment of both prayers and meditations which, despite the title, will prove helpful to laity as well as for the clergy. In this Age of Anxiety we might profitably adopt this prayer for tranquility:

Lord, temper with tranquility
    our manifold activity,
That we may do our work for thee
    with very great simplicity.

ROLLIN J. FAIRBANKS

OUR REVIEWERS

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NEWS AND COMMENTS

A development study of the significance of pastoral work with the mentally disturbed who return to the community from a mental hospital was carried out at South Carolina State Hospital during the summer months under a grant from the National Institutes of Mental Health. The Rev. J. Obert Kempson, Chief Chaplain, who formulated the general outlines of the study, points out that the study received much of its motivation from requests of treatment teams for the names of pastors who could be of help to patients when they went home on trial visits. The research was designed and carried out by Miss Emily Spickler, Research Consultant, formerly Executive Secretary of the Council for Clinical Training. The study gathered data on the experience of pastors, and the problems they face, by interview and questionnaire. The needs of patients were studied through records, interviews, and questionnaires to correspondents. A full report of the study is expected to be available in December. The results of the study are expected to carry implications for a broader range of problems in working with the mentally and emotionally disturbed in the parish.

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The American Hospital Association, 840 North Lake Shore Drive, Chicago 11, Illinois, has issued a pamphlet entitled "The Role of Hospitals in Services to Unmarried Parents and in Adoptions."

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Saint Elizabeth's Hospital in Washington, D.C., announces the availability of residencies in advanced clinical pastoral training of one, two, and three years' duration beginning in September of each year. Such training prepares a chaplain for certification as a clinically trained mental hospital chaplain or chaplain supervisor.

To be eligible for first-year residency an applicant must be a United States citizen, a graduate of an accredited seminary approved by the American Association of Theological Schools, an ordained minister in good denominational standing, able to perform the full Protestant ministry within Saint Elizabeth's Hospital, and have had a period of satisfactory parish experience. Second-year residencies are open to those who have qualifications listed above but in addition have satisfactorily completed one year of supervised clinical experience in an approved mental hospital training center. The third year of training is for students who have distinguished themselves during their chaplain and chaplain supervisory preparation and have shown particular interest in research. This third year of training will enable the chaplains to undertake creative projects related to ministering to the mentally ill and to learn about research methodology and design.

Saint Elizabeth's Hospital, an accredited training center, has long been known for its excellent professional training in the field of mental health and the interdisciplinary approach to treatment, training, and research programs.

Government stipends are given for such training at Saint Elizabeth's Hospital at the annual rate of $3600 for first-year residents, $4200

for second-year residents, and $5000 for third-year residents. Single, furnished rooms may be obtained on the hospital grounds at monthly rates of $10 to $17.50, depending upon the nature and availability of the accommodations. There are no facilities at the hospital for families. However, the residential area surrounding the hospital has many desirable rooms, apartments, and houses. There are several restaurants and modern shopping centers in the vicinity, as well as an employees' cafeteria.

Inquiries should be made to the Superintendent, Saint Elizabeth's Hospital, Washington 20, D.C. Applications for the 1962 program must be received by January 31, 1962.

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A new publication, *Journal of Religion and Health,* will be published quarterly beginning October 10, 1961, by the Academy of Religion and Mental Health. The purpose of the journal is to bring to those engaged in the various disciplines with which the Academy is concerned—namely, religion, medical science, psychiatry, psychology, sociology, social work, and cultural anthropology—significant studies in the relationships among these fields, reports of basic research, and reviews of pertinent books.